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MONITOR'S ADDRESS.—"THE ETHICAL ASPECT OF MEDICAL PROGRESS."*

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Ethics is defined to be the science and art of conduct. Ethical or moral conduct is conduct that results in the welfare and happiness of man, either immediate or remote. Unethical or immoral conduct that which results in the unhappiness and misery of man, be it immediate or be it remote. This, in its ultimate analysis, has been the test of conduct under all the ethical systems of all times and places. It is axiomatic that ethical conduct, crude though it be, is essential in order that men may live together in families, in tribes, or in nations.

Sub-ethical conduct is even essential to gregarious life among the lower animals, for if members of a flock or herd will not forego selfish aims for the common benefit, gregarious life would not have been possible. The members of the herd must assist each other when attacked by the common enemy. Some member of the flock must remain on watch while the others feed—must in that far practice unselfishness.

It is evident that experience alone could have determined for our early progenitors whether a given course of conduct would result in welfare or ill to the individual or to the tribe. The ethics of

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homicide, of theft, of the basic rules of conduct could only have been developed by primitive man out of his hard experience.

The ethical conceptions of the man of the stone age could not have compared with the ethical conceptions of men who had discovered metals and an alphabet.

From the earliest days of crudest ethics, from the days when the ethics of our savage ancestors approximated that of the gregarious animals—every discovery—every extension of knowledge has directly or indirectly tended to widen the field of ethics. However unrelated it might seem at the time sooner or later its ethical value, great or small, appears.

The toy battery of Galvani was without ethical import but it has led to the telegraph, to the telephone, to the wireless telegraph. Without these and other material discoveries, it is safe to assert that international ethics would not have developed to present proportions, that the Hague Tribunal, for International arbitration, would not be a historical fact. Long centuries ago it was discovered that objects were magnified when looked at through a bi-convex glass. From this, by slow evolution, came the microscope. The microscope alone permitted Dr. Robert Koch to demonstrate that the tubercle bacillus is the cause of Tuberculosis. Further research demonstrated the infectiousness of Tubercular sputum. As a consequence of these discoveries it has become an ethical question whether a consumptive patient shall be careless of his expectoration and thus run the risk of infecting his associates, his wife, his child.

By means of the microscope, the French physician, Laveran, in 1881 demonstrated the plasmodium malariae to be the cause of malaria. Later research applying the inductive methods of science, demonstrated that the female Anophele mosquito is the means of transmitting the disease to man, and that every malarial patient becomes a menace to his associates in the presence of Anophele mosquitos. This demonstration led, in turn, to the discovery by American physicians, that Yellow fever is transmitted by another mosquito—the *Stegomyia fasciata*—and that every yellow fever patient becomes a menace in the presence of *Stegomyia* mosquitos. The microscope permitted Eberth to demonstrate that the cause of typhoid fever is a bacillus known by his name. Inductive research proved that these bacilli taken into the system in water or food will reproduce the disease, thus confirming the empiric observations of the earlier years of the 19th Century.

What man living at the time the properties of a bi-convex glass were first known, or living at the time of the first crude microscope

could have dreamed that from these apparently trivial discoveries ethical development of great moment would result. For him and for the people of his time it was indifferent, ethically, what disposition should be made of tubercular sputum, of yellow fever patients, of the discharges from typhoid fever patients.

Today you will find, in your sanitary regulations, penalties attached to ordinances governing these matters. These ordinances represent the consensus of opinion of your communities that such violations are unethical. Why unethical? Simply because the welfare of men is jeopardized. All of us have read of the inhuman treatment given insane persons during many hundred years of European history: How they were exorcised, imprisoned, tortured and even burned.

During the eighteenth century two or more observers in France and Germany made examinations of the brains of insane dead. In the closing years of the Eighteenth Century, while the French Revolution was in progress, the great French physician, Pinel, having confirmed the observations of these preceding him, that the brains of insane people were diseased, drew the deduction that insanity is a disease of the brain, and, as a consequence, revolutionized the treatment of insane people under his charge in the Bicetre Asylum. This mere extension of human knowledge resulted, directly, in better ethics towards the insane. The people of the preceding generations had adhered to their cruel course for a thousand years simply because they were ignorant of the facts—because their ignorance permitted them to believe that insanity was demoniacal possession. The four generations since Pinel have practiced better ethics towards the insane, not because they have been inherently more humanely disposed, but because they have possessed more knowledge.

During many centuries of European history, ignorance of the causes of pestilence resulted in the infliction of great cruelty—resulted in unethical conduct. Thousands of Jews—thousands of witches were murdered because they were believed to be the causes of these various epidemics. As increasing knowledge demonstrated these to be due to other—to natural causes, sanitation gradually took the place of persecution and burning of witches.

Every member of this audience will recall the shot-gun quarantine against Yellow Fever. Will recall how emotions, aroused by fear, crushed out every generous, every altruistic impulse in whole communities. Ignorance of the facts involved in yellow fever prompted this course.

The discovery by Reed, Carroll and Agramonte already referred to, that the stegomyia mosquito and not the air is the medium of infection—will, in future, improve our ethics of Yellow Fever.

If these inductions, taken at random, lead us to accept the conclusion heretofore stated, that every discovery—every advance of knowledge—tends to elevate our ethical conceptions and our ethical practices, then must we accept its corollary—that whatever tends to retard human progress is unethical, is immoral, in its tendencies and in its results.

A detailed rehearsal of the achievements of Modern Medicine can find no place in this address. Nor is it needed. The daily experiences of this audience furnish proofs of the beneficent progress of Preventive Medicine. Nor is it unlikely that the presence here tonight of some members of this audience furnishes living proof of the triumphs of Modern Medicine and Surgery. To every one here is known the truth that results are daily achieved which were not dreamed of by our grandfathers.

To what is this progress due? Is it not evident that it was made possible by general progress—by the inventions and discoveries incident to general progress? Possibilities have become realities by the adoption into medicine of the methods of Science and of the spirit or mental attitude underlying these methods. But for the adoption of secular inventions—but for the adoption of the methods and discoveries of general science, Medicine would still be floundering in the empiricism and in the contending schools that marked her history during centuries.

It does not dim the glory of medicine or of medical discoveries to freely make acknowledgment of the great obligations our profession owes to non-medical inventions—to philosophy—to general science.

Among non-medical inventions may be instanced the thermometer, the microscope, the laryngoscope, the spectroscope, the X-ray. These, to every physician, are enough to indicate our great indebtedness to non-medical inventions. To general Chemistry, Medicine owes Organic Chemistry—from which Physiological Chemistry has been evolved. Long, Morton and Jackson utilized a three century old contribution of general Chemistry—to-wit. sulphuric ether, when they gave Anaesthesia to the world.

We are indebted to Botany, to Biology, to all the collateral sciences. To the non-medical scientist, Louis Pasteur, Medicine owes a debt that cannot be overestimated. He will stand out in history of Medicine as the fountain source from which proceeded the rev-

olutionary progress of the latter part of the Nineteenth Century. The methods he extended and originated, the results he achieved, have led to the most important triumphs of recent times. Joseph Lister studied in the laboratory of Pasteur and applying the methods and the discoveries learned there gave antiseptic surgery to the world.

Pasteur's work in Biology led him from fermentation to the silk worm diseases, to anthrax in sheep, to rabies in man. This was work in virgin forests; he was forced to cut down his roads as he went; he was pioneer. Other investigators profiting by his labors have given us antitoxine for the treatment of diphtheria, antitetanic serum for the prevention of tetanus, and the studies on Immunity that promise such beneficent results for the future.

After making full acknowledgment of indebtedness there still remains glory enough for medical discoverers. In every department of human endeavor, men are expected to profit by the accumulated knowledge that is their heritage and so in appropriating the discoveries of science and philosophy medical men have but come into their own.

Before taking up the ethical value of the mental attitude underlying the methods of science, let us present contrasts showing the practical value of this mental attitude.

Some four thousand years ago, we are told, books of customs and ceremonials were adopted by the Chinese and have been revered by them from then until now. These books contained treatises on the theory and practice of medicine and surgery and although commentaries have been accumulating during the centuries, they have only been commentaries on the original books. These books forbade dissection of the human body. Consequently on this prohibition, their ideas of anatomy are grotesque. They are said to hold that the small intestine connects directly with the heart, the large intestine with the lungs, that the liver is the seat of the soul—the source from which proceed all our generous impulses.

Their pathology and their materia medica, inherited from those remote times, are equally crude and defective. Surgery was and is reduced largely to the use of acupuncture and moxa, for the ancient books taught that if a man suffered the loss of any part or portion of his body his ancestors would not receive him in the future world. During all this time, Chinese medicine and surgery have stagnated—stagnated as a result of this national mental attitude.

The Japanese, since the opening of their kingdom to the world—some fifty years ago—have been fortunate enough to possess

a different national mental attitude, the attitude that prompts them to ask of every question presented—Is it true? Is it for our welfare? Unlike their neighbors, the Chinese, they do not first ask—Does it conflict with our inherited opinions and practices? The possession of this mental attitude—of this scientific attitude—has given to Japan the blessings of modern medicine and surgery. It has permitted some of her sons in the brief period which has elapsed since Japan threw off her ancient medical ideas, to make important original discoveries in medicine.

These references to Chinese medicine naturally suggest Homeopathy. The Chinese bow down to the fetish of their ancient books—the Homeopaths bow down to the fetish of a theory of disease. All the Chinese books have been commentaries—all the Homeopathic books have been commentaries. Homeopathy has made not one scientific discovery—can never make one because it is absolutely and fundamentally unscientific. So soon as a Homeopathic student adopts the inductive methods of science—that is leading from facts up to theories and not from theories down to facts,—he ceases to be a follower of Hahneman—he gives up his trade mark. As a protest against the overmedication of those therapeutically strenuous days, this cult—for such it was and is, unquestionably accomplished great good, but the scientific invasion of medicine sealed its doom many years ago. It has no future. It is an anachronism.

Let us now seek the ethical value of the methods of scientific medicine—of science. The inductive methods, though dating back through Bacon, even to Aristotle, and employed to a greater or less extent in medicine throughout the centuries, by Harvey, John Hunter, Jenner, Pinel, was firmly established for all time by scientists of the Nineteenth Century—notably by the remarkable quartette of English scientists who have so strongly influenced the thought of the world. These inductive methods have for their aim and object the elimination of error—the establishment of truth—of facts. An experiment or an observation is made. In the effort to eliminate errors of conclusion from these observations or these experiments, other control experiments must be instituted. Working hypotheses—theories—are employed, but the true scientist holds to his theory only so long as it cannot be disproved.

Just as soon as one fact can be established which will not fit into theory, the theory is rejected. Inductions, observations, experiments led Metchnikoff to formulate the theory that the white blood corpuscles constitute the army of defense of our system against invading armies of disease germs,—that these white corpuscles of the

blood attack and overcome the invading host, if the battle is to be gained.

Erlichs has made other observations which seem to contravene, not the observations, but the deductions of Metchnikoff, and has formulated the side chain theory of immunity. Any established fact which will not be explained by this side chain theory will cause it to be rejected. Again, when a new observation is announced in science, it is not accepted as final, but other workers repeat the experiment. Any fault of technique, any error of conclusion, is pointed out. Mere authority may not be bowed down to in science.

This constant aim to seek the truth, to eliminate error, must tend to cultivate habits of honesty to make thinking clearer, to make it more honest, must tend to build up, to strengthen that *sumum bonum*—human character. The ethical value of the mere mental attitude of scientific workers, the psychology of science, if you will, is beyond computation. So accustomed are we to it, that we are apt to overlook its vast significance until we stop to consider the harm done this world of ours by the contrary attitude of preconceptions, the attitude typically presented by China.

Nor may we lose sight of that altruistic sentiment of the sciences which prompts the giving of discoveries, freely, to the world. Vaccination, Antiseptic surgery, Antirabic inoculation, Antitoxine, the X-ray, Radium, were free gifts to the world.

Modern medical education involves prolonged training in these scientific and ethical methods. It involves the recognition that the great value of statistics rests solely on their truth; that misrepresentation, deviation from the truth invalidates this value. It involves the continual recognition that conformity to Truth in the description of disease symptoms, in the description of the history of disease, of the pathological findings in disease, of the treatment of disease, alone gives value, alone furnishes a basis for reliable deductions.

The training of the Clinics tends to establish the habit of concentrating attention on the solution of the problem presented by each case, and in that far, for the time being, forgetting self. How different the typical Quack. His thoughts are so centered on self, so occupied with the effort to impress his patient that he does not study his cases, does not profit by the experience offered, and does not become proficient. The two words Proficiency and Quackery are never associated in our thoughts. He fails to recognize the vital truth that in the long run, his own interests and his patient's interests are identical. Modern medical education in-

volves the continual repetition of this vital ethical truth. Between these two types we find all gradations. It will not be contended that every physician or surgeon is ethical in his professional or private relations because he has received modern medical training. In our world of relativities, human character, human conduct is dependent on too many hereditary and environmental factors to permit of absolute conclusions for the individual. Hence, tendencies only have been dealt with. It is contended, however, that modern professional attainments and the training incident to acquiring these, tend to elevate the ethical conceptions and the ethical practices of every member of the profession.

A Chinese physician practicing in San Francisco, is called to a case presenting the symptom, fever. This fever may be caused by a number of conditions. The Chinese doctor, ignorant of the nature of disease is forced to look wise and guess. The well equipped physician in San Francisco called to such a case employs the means medical progress has furnished him for making diagnosis. He will weigh the history of the case—examine the blood, sputum, urine, feces, as may be indicated; employ the means physical diagnosis affords him for the examination of the internal organs. Which of these two men, extreme types of past and present, will have the greater temptation to dishonesty, which will tend to be the more honest with himself and with his patient? Two physicians are practicing Obstetrics—the one thoroughly equipped in modern obstetrical technique the other adhering to the methods of bygone days. Which of these, aside from the implied contract to give his patient the benefit of contemporary advance—will have the more frequent occasion to explain—to hedge—to equivocate; which—other things being equal—can afford to be the more honest with self and patient? Which will have less temptation to be unethical?

The diagnosis and the technique of operation for appendicitis have been markedly improved in the last ten years. Ask any surgeon of your acquaintance whether he can look facts in the face any straighter, whether he has less temptation to attribute bad results to other than their true causes, whether he is more honest with himself than he was ten years ago, when less was known by him, and by his profession, of appendicitis.

The treatment of diphtheria has been revolutionized in the last ten years. Ask any physician of your acquaintance whether his position in the event of a fatal ending would present a more ethical tendency today than it did ten years ago. Today he has but to say "I injected Antitoxine as soon as called. Science recognizes no

other treatment." Ten years ago your friend and his competitor were treating cases differently. The case might have had another ending in other hands. Underneath this condition lay unethical temptation. Every advance tends to elevate our ethical practice.

We have adverted to some of the medical and surgical discoveries—we have traced some of the beneficent ethical results that have come to us and to the world, from the scientific invasion of medicine. As this invasion shall conquer and occupy more and more of the still large domain of empiricism, we are warranted, by every analogy, in predicting not only ever increasing alleviation of the ills of humanity, but that the ethical conceptions and the ethical practices of medical men will correspondingly advance. So beneficent has been this invasion, so great the debt medicine owes to general science, so great the prospective debt, that the distrust of, the hostility to science, so frequently encountered, should find no lodgment in the mind of any modern physician.

INTRA-TRACHEAL INJECTIONS IN THE TREATMENT OF PULMONARY TUBERCULOSIS.*

By W. W. MANGUM, A. M., M. D.,

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Mr. President and Gentlemen: Since the very earliest history of our profession, among the many puzzling conditions which medical men have been called upon to alleviate and remove, there has been one disease which has ever been our stumbling block; one disease, the ravages of which has made great gaps in the population of every country under heaven; one disease against which the batteries of organized medicine have been turned for centuries, almost without avail; one disease which, in its later stages, still remains in the list of incurables. The large number of papers, treating of this disease, upon the programme of every meeting of physicians where diseases and remedies are to be discussed, shows the universal interest with which it is invested, and the tireless efforts made by our profession to find a remedy; and it is for the purpose of presenting a new

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method of combating this dread condition, with a report of results obtained, that I am here before you. I refer to pulmonary tuberculosis.

In a retrospective glance at the history of this disease, we see doctrine following doctrine, in endless succession; as waves succeed waves upon the ocean, or as the foliage of autumn falls, to be succeeded by the leaves of spring. One theory appears upon the stage, culminates for awhile in meridian splendor, and then sinks down into obscurity with all that have gone before. But happily, for the cause of humanity and for the advancement of science, exploded doctrines, falling, fertilize the field of research, and render future harvest more luxuriant. If I had the time today for a proper presentation of this matter, I would like to go into the history of the theories in detail; it would make an interesting discussion. Suffice it to say, however, that since the adoption of the theory that the disease is dependent upon the presence in the system of a special micro-organism, the efforts of physicians have been mainly directed toward the discovery of an efficient parasiticide, which might be administered either by inhalation or by its introduction into the blood.

Both of these methods have been exhaustively discussed for years. Various derivatives of various germicides have been experimented with, each having many adherents, and still there seems to be "no balm in Gilead." All of these remedies are quickly destructive to bacteria outside the body; but a difficulty in the way of inhalation is in getting a sufficient quantity of either an impalpable powder, or a vapor, or a gas, in reach of the colonies of bacilli, without doing injury to the tissues, or inducing toxæmia. As regards the introduction of parasitocides into the blood it seems hardly probable that a toxic agent can be safely administered in sufficient quantity to affect the object. At least so far it has not been done, and it remains to be determined by clinical experience whether these difficulties are insuperable. In the meantime what other method is left to us? It is universally conceded that whatever remedy may be successfully used must be locally applied. How may this be done?

A good many years ago Brainerd, of Chicago, experimented largely with the injection of tuberculous cavities, through an opening made in the chest wall; hoping by this means to arrest the disease by the germicidal action of the solution injected. It was unavailing, however, because of the fact that the cavities were walled off to themselves, and the medicament used went no further than these walls.

So then, the inhalation method, the introduction of a parasiticide into the blood, and the injection of cavities through an opening in the chest wall, having after exhaustive experimentation failed to succeed, there can be only one other means by which the diseased surface may be reached, and I am here today to report the results obtained from the use of this method. I refer to intra-tracheal injection.

I was induced to make my first experiment with this treatment by a little paragraph in Nothnagel's Practice, in the volume of Diseases of the Bronchi, Pleura and Lungs, in which it is said that "in the treatment of pulmonary conditions, the injection of drugs directly through the glottis into the trachea deserves to be more generally used."

In studying the question as to the practicability of this method of applying drugs locally to the diseased surface, I searched diligently through all literature available in the attempt to find if the treatment had ever been used, but could locate no such report. Occasional reference was found in which it was discussed as a theory but no instance of its actual use. My interest in the matter became more absorbing as I considered its advantages, and finally obtained my consent to risk what might seem a dangerous procedure. The first attempt being successful, I adopted it as a routine practice in all of my tuberculous cases, and have in each instance had my belief in its practical utility verified.

The drug that I have used is Ichthyol. This is, as all of you know, a natural product, obtained by dry distillation from a bituminous mineral found in the Tyrol, containing a large percentage of sulphur. It is a powerful vaso-motor constrictor, on mucous surfaces, thereby causing a rapid disappearance of hyperemia, and of the pain of congestion. It can penetrate the unbroken skin, showing its great diffusibility. It promotes such metabolism as sulphur is concerned with. It is a decided antiseptic, being quickly fatal to all pathogenic organisms. With a knowledge of these facts in mind, I determined to experiment along the line suggested above, and remarkable indeed have been the results. The Ichthyol was applied mixed with cod liver oil, in the proportion of five per cent; the quantity to be injected being combined as the treatment was administered.

The technique of this little operation is identical with the method by which intubation is performed, though there is of course not by any means so great a difficulty in manipulating through a normal larynx, even on the most delicate subjects, as in cases where diphtheritic deposits or croupous spasms have almost entirely closed the chink of the

glottis. Indeed I might say there is no difficulty whatever, provided a knowledge of the anatomy of the larynx is borne in mind, and the reduplications of the mucous lining upon either side of the vocal cords are not mistaken for the glottis itself.

The instrument used is one I have had made for me by Betz, of Chicago, consisting of an ordinary hard rubber piston syringe, with the nozzle curved into a beak. With the mouth gag in place, the index finger of the left hand is introduced, the epiglottis is lifted out of the way, and the nozzle is passed on this finger as a guide directly down through the glottis, until the tip is below the cords and well within the trachea. One drachm of the mixture described above is immediately injected, the patient being directed to take a deep inhalation as the syringe is withdrawn, so that no portion of the oil is brought up into the larynx, where it would of course at once excite a violent spasm of coughing. This procedure must be accomplished while the patient is holding the breath, and usually requires, after some experience, from thirty seconds to one minute. The object in the inhalation as the syringe is withdrawn, is that the oil may be forced, by the influx of air, deep down below the bifurcation of the bronchi, where, by its adhesiveness, it is spread along the mucous membrane of the tubes, giving free ingress and egress to the air, and interfering in no way as a watery solution would with respiration. Usually a few bubbling rales are all that can be heard to indicate the presence of fluid in the chest, and these rapidly disappear as the oil is absorbed.

The introduction of the syringe point is of course at first objectionable and disagreeable to the patient, just as the introduction of a lavage tube into the stomach is disagreeable; but after a few treatments tolerancé is established, and as in lavage, they soon learn to take it with no discomfort.

In the beginning the injections are administered daily, the intervals being gradually increased as the patient improves. In the cases which I have here to report, the average time in which daily injections were required is four weeks. A more protracted treatment being of course necessary in the far advanced, and a shorter time in the milder cases. Some of these cases were in my own practice; the others being in the practice of several professional brethren who kindly assisted me in these experiments, and in accumulating these statistics. Four are reported from Paris where there are still others under treatment. I have not grouped them according to the stage of the disease, but have only arranged in the order in which this treatment was begun.

ORIGINAL COMMUNICATIONS

Condition at Beginning of Treatment.						Condition at Close of Treatment.					
Case	Duration of Disease	Aftern'n Temp.	Ex-pecto.	Weight	Treatment Begun	Treatment Continued	Temper-ature	Cough	Weight Gained	Final Results	
1 Negro, male, 37 yrs	19 months	101 2-5	profuse	127	June 11	12 weeks	normal	absent	34 lbs	cured	
2 White, female, 28 yrs	2½ years	101	profuse	97	June 20	14 weeks	normal	absent	27 lbs	cured	
3 Negro, male, 32 yrs	6 months	99 4-5	scanty	134	July 3	9 weeks	normal	absent	18 lbs	cured	
4 Negro, male, 19 yrs	14 months	102 2-5	profuse	122	July 12	15 weeks	normal	absent	22 lbs	cured	
5 White, female, 46 yrs	3 years	100 3-5	profuse	90	July 14	18 weeks	normal	absent	29 lbs	cured	
6 White, male, 17 yrs	1 year	99 3-5	scanty	129	July 19	15 weeks	normal	absent	16 lbs	cured	
7 Negro male, 34 yrs	2 years	102 1-5	profuse	116	Aug. 15	18 weeks	99	absent	14 lbs	great imp.	
8 Negro, male, 40 yrs	18 months	101 4-5	profuse	110	Oct. 2	16 weeks	100 3-5	much imp	9 lbs	unsatisfactory	
9 White, female, 28 yrs	12 months	99 2-5	free	100	Nov. 15	12 weeks	normal	absent	19 lbs	cured	
10 White, male, 30 yrs	8 months	99 3-5	free	127	Nov. 11	13 weeks	normal	absent	21 lbs	cured	
11 White, male, 36 yrs	12 months	100 2-5	profuse	130	Nov. 11	11 weeks	normal	absent	20 lbs	cured	
12 White, male, 21 yrs	2 years	102 2-5	profuse	112	Nov. 11	16 weeks	101 3-5	excessive		failure	
13 White, male, 24 yrs	8 months	99 4-5	free	120	Nov. 24	12 weeks	normal	absent	38 lbs	cured	
14 White, female, 29 yrs	12 months	100 2-5	free	97	Nov. 24	14 weeks	normal	slight	14 lbs	improved	
15 Negro, male, 42 yrs	18 months	101	profuse	137	Nov. 24	18 weeks	normal	slight	19 lbs	improved	
16 White, female, 23 yrs	9 months	99 2-5	scanty	96	Nov. 29	12 weeks	normal	absent	20 lbs	cured	
17 White, male, 34 yrs	12 months	100 1	scanty	143	Dec. 2	14 weeks	normal	absent	13 lbs	cured	
18 White, male, 37 yrs	12 months	101	free	131	Dec. 2	16 weeks	normal	absent	33 lbs	cured	
19 White, male, 20 yrs	18 months	101 3-5	profuse	125	Dec. 2	16 weeks	normal	absent	24 lbs	cured	
20 White, male, 49 yrs	18 months	103	profuse	136	Dec. 2	18 weeks	normal	slight	20 lbs	much improv'd	
21 White, male, 31 yrs	8 months	99 2	scanty	146	Dec. 12	16 weeks	normal	absent	36 lbs	cured	

I will read here two of these reports in detail as samples from the number which have been sent to me. These will show very nicely the prompt relief obtained from certain symptoms, and the steady improvement in all.

White female, age 28 years, excessive cough, profuse expectoration, great emaciation, absence of menses. Duration of the disease two and a half years. Microscopic examination of sputum showed tubercle bacilli in large numbers. Weight 87 pounds. This treatment was begun June 20th, 1903. At that time the morning temperature was normal, respiration 28, pulse 104; afternoon temperature 101, respiration 36, pulse 120. Injections were administered daily. June 27th, one week from beginning of treatment, cough much better, less expectoration, morning temperature normal, respiration 22, pulse 95; afternoon temperature 100, respiration 30, pulse 110. July 4th, two weeks, only coughs badly at night after lying down; very little expectoration; weight 89 pounds; night sweats disappeared; afternoon temperature 99 1-5, respiration 20, pulse 80. July 18th, four weeks, weight 95 pounds, cough entirely relieved; afternoon temperature, respiration and pulse normal; good appetite and gaining strength rapidly. August 1st, six weeks, weight 100. August 29th, ten weeks, weight 110, feels perfectly well; microscope, in small amount of sputum she succeeded in releasing, showing no tubercle bacilli. September 26th, fourteen weeks, weight 112 pounds; patient looking strong and well, and making her living as seamstress. Reported from El Paso, Texas.

The other sample case I have selected is that of lady of refinement and intelligence, 48 years of age, who had been suffering from the disease for two years. Previous to the beginning of this treatment every remedy in reach had been tried. She had been sent one winter to South Florida and the next to New Mexico; the disease steadily progressing all the while. The intra-tracheal injections were begun July 5th. Her weight was then 90 pounds, and she seemed to be slowly but surely losing ground. Some difficulty was at first experienced in giving the treatment because of the paroxysms of coughing which followed the attempt to introduce the nozzle into the trachea. However this was largely overcome after a few efforts, and the relief obtained after one week's treatment was most remarkable and unexpected. After three weeks she was awakened only once or twice during the night by coughing spells. After the fourth week there was a complete cessation of the cough at night, feeling very much better than at any time during the two years of her illness, taking considerable exercise; fever all gone, appetite good. After eighth week, continued improvement, cough entirely gone. At the present time, four months from the beginning

of the injections, she weighs 119 pounds, takes any kind and quantity of exercise she likes, and has no further need of a physician. Reported from Los Vegas, N. M.

Case seven, which is reported as greatly improved, discontinued the treatment because of a change of homes, and would no doubt have been entirely free from the disease in a few more weeks, as the gain of fourteen pounds would indicate.

Case eight, which is reported as in an unsatisfactory condition, after sixteen week's treatment, was a third stage case, in which there were extensive cavities in both lungs and was forty years of age.

Case twelve, which was recorded as a failure, was also a third stage case, of two years' duration and had been bedridden for some months before treatment was begun.

Cases fourteen and fifteen reported as improved, were brother and sister and discontinued the treatment because the brother took employment and could not go with his sister to the office of their physician. One gained fourteen and the other nineteen pounds, and both considered themselves as entirely relieved though the doctor who treated them was not willing to pronounce them as cured. Of the twenty-one cases, fifteen or seventy-five per cent are reported as cured; nineteen or about ninety-five per cent. are reported as either cured or improved.

I desire to call attention here to the fact these cases were all carefully diagnosed by physical signs, family history and the use of the microscope. Some few, seven I believe, had the tuberculin test. In each case reported as cured, the physical signs and the microscope showed the patient free from all evidence of the disease, and they were kept under observation, particularly as to temperature and cough, for four weeks after being discharged. It is now six months since first cases were discharged and there has been no recurrence in any so far as I have been able to discover. There are still a number of cases under treatment which will be reported during the summer, and I hope by September, when I expect to attend the International Congress at Paris, to have in hand probably a hundred reports.

I have addressed a number of medical societies in different cities on this subject, during the last few months, but have refused to submit any manuscript for publication previous to this, because of my desire to discuss the matter before this Association and because I preferred to have a more convincing accumulation of case reports. In one of the recent issues of the Journal of the American Medical Association, I notice that a Dr. Anderson, of Ann Arbor, Mich., is experimenting with these injections on dogs, and has expressed his intention of adopting them in his practice. Dr. Francois Elebach, of Paris, writes me that

his success in the four cases treated for me has induced himself and his associates to administer the injections promptly in all incipient cases which come to their sanatorium, and that they have so far met with uniform success. In this connection I will say that I have experienced no difficulty in arousing the interest, and obtaining the co-operation of my professional brethren in these experiments, except in my own State. I take it but as an illustration of the fact that "a prophet is not without honor save in his own country;" and though I have no wish to attempt to pose as a prophet, still I am assured that there is much good in this method of treating consumption, and that it deserves a trial by every member of this Association, who has such cases to treat, on account of its simplicity if for no other reason.

We are too much attracted any way by the charm of fine spun German theories, evolved out of the brain of some impractical chemist; and we satisfy ourselves, even though our patients die, with the questionable consolation that we have at least handled the case in a scientific manner. The regular rise and fall of these chimeræ, which we so eagerly grasp even when in the stage of raw empiricism, should teach us that, in all probability, many a tapering monument marks the last resting place of some of the victims of these German illusions. Let us rather work our way with the simple instruments, with which we are familiar, and not attempt to daub with untempered mortar.

Practically, the good in this treatment has been clearly demonstrated by its results in these cases reported; and results are "sine qua non" of the adoption of any new treatment.

Theoretically, we have but to bear in mind some of the medical properties which I have mentioned as being characteristic of Ichthyol to be convinced of its usefulness when locally applied to an ulcerated surface. I have said that it is a powerful vaso-motor constrictor when applied to mucous surfaces, thereby relieving hyperemia. A hyperemic condition of the mucous lining of the air passages is one of the concomitants of all coughs; hence the promptness with which this distressing symptom was relieved in these cases. I have said that it was a decided antiseptic, being quickly fatal to all pathogenic organisms. Thus is the rapid disappearance of the tubercle bacilli from the specimens examined accounted for. But as these tubercle bacilli are widely scattered throughout the lung substance, how does it happen that so small a quantity of the drug can come in touch with these remote infections? I have said that it can penetrate the unbroken skin, and be eliminated by the kidneys, showing its great diffusibility. It is easily understood then how much more rapidly and thoroughly it can be taken up through a hyperemic mucous membrane, and reach, both by continuity of tissue and by endosmosis, to the uttermost portion of the lung.

With reference to the use of pure codliver oil, there was no other purpose intended than that of a bland, unirritating menstruum, for the dilution of the ichthyol; and cod liver oil was chosen because it can be obtained pure. An oil was preferred to a watery vehicle because of its consistency and adhesiveness; making it possible by being disseminated along the walls of the bronchi, for respiration to go on unimpeded, while it is being absorbed.

In discussing this matter a number of physicians have asked me how it was possible to inject a drachm of anything into the trachea without strangling the patient. It is only in the larynx that this difficulty exists; because of its more intricate nerve supply, and its intolerance to the presence of any foreign body. With the glottis safely passed, this quantity is dumped into a cartilaginous tube that, especially in this disease, is accustomed to the presence of large quantities of mucous; and if care is taken that none is regurgitated into the larynx there is never the slightest trouble.

I might say here by way of parenthesis, that all pulmonary conditions, where there is an irritation of the mucous membrane to be soothed, or an arterial congestion to be overcome, are equally benefited by this procedure. Pneumonia, bronchitis, asthma and such conditions, can be promptly relieved by the use of this procedure; various substances being injected as the case may require. I have found in my experience that one or two applications of the ichthyol oil will promptly relieve an attack of acute bronchial irritation in the larger tubes.

Now, gentlemen, I have given you the theory, and the results of its practical application; and I sincerely trust that all of you, who may find an opportunity, will give these injections a trial. The method is extremely simple, and the instrument very inexpensive. The only requirements are a little self confidence and a knowledge of the anatomy of the larynx. I have put myself to the trouble and expense of discussing this matter in various cities lately, purely because I am convinced of its great usefulness, and because of my desire to do all in my power to aid suffering humanity. I have no sanatorium to advertise nor appliance to sell. I am simply a private in the ranks, fighting in the cause of humanity against this dread monster, consumption, which hiding itself in the unreachable portions of the body, saps its strength, and destroys its vital functions, like a horrible vampire sucking the blood of a sleeping victim. Let us throw away our long distance firearms, fix bayonets to our guns and fight this thing at close quarters. Let us resort to every subterfuge, and utilize every available weapon, to remove the stigma of defeat which has hung over us in our warfare with this disease.

SOME REMARKS UPON PULMONARY TUBERCULOSIS.

BY EDGAR ALLEN JONES, A. M., M. D.,

PATON, NEW MEXICO.

Even a short time of residence in a community to which consumptives flock for climatic benefits impresses one deeply with many facts, and some of these facts are of sufficient importance to be kept prominently in the minds of physicians everywhere.

One of the saddest things that I have observed during my nine months residence in New Mexico, is that so many consumptives come here after it is entirely too late for them to be benefited. Many come when they are too weak to walk unassisted; some even are brought on stretchers. While in very rare instances one of these sufferers may be benefited and have his life prolonged, the majority die promptly. How much better had such cases remained at home, receiving the comforts and companionship lost by their removal.

Again, other cases, coming earlier,—when the prospects for benefit are good—come sometimes with instructions from their medical advisers to avoid all doctors and all medicines, and to rely entirely upon the climate (and their own judgment of their necessities and conditions) for a cure. As a result, these people do not get the benefit from the climate that they should, and frequently grow worse instead of better. I know something of how hard it is for an Alabama physician to realize that not all of the consumptives that come to Colorado, New Mexico, or Arizona get well! On the contrary, many do not receive the slightest benefit from their change of climate. Many cases can be found all through this country who have been here for months and even years and who are no better than when they came—and most of these cases will admit that they have never consulted a physician, or at best only at rare and irregular intervals. How much time and how many lives might be saved if every consumptive coming to the arid Rocky Mountain plateau would immediately place himself under the care of a competent and conscientious physician,—no one can estimate!

It is a fact that does not speak too well for the acuteness in diagnosis of the average practitioner, that it is very rare for any case of pulmonary tuberculosis to come west before they are pretty well along in the second stage of the disease. In my opinion, dependence upon the findings of the microscope, and carelessness in observing symptoms, are the main factors in this loss of time. Every one must know that not finding bacilli in the sputum of a given case does not mean that the patient is non-tuberculous; and that with the micro-

scope a diagnosis of pulmonary tuberculosis in the first stage is out of the question, for the first stage ends where the bacilli gets into communication with the external world. A more careful observation of the phenomena manifested by early cases, ought to enable us to make the correct diagnosis much earlier than is the rule. A careful study of the daily range of the temperature of a suspected case will frequently give the first indication of the real condition present. A temperature of 96 3-5 degrees F. at 7 a. m. and 98 3-5 degrees at 5 p. m., may mean just as much as if the reading were 98 3-5 and 100 3-5. I would not presume to say that such a range is pathognomonic of tuberculosis, but it is not to be disregarded. The pulse, even in early cases is usually noticeably accelerated. These two symptoms are highly suggestive when occurring together in a patient whose other symptoms may be slight malaise with anorexia, and possibly a noticeable loss of weight.

The examination of the chest should be most thorough in any suspected case—and should invariably be made on the naked chest. Probably inspection, mensuration, and percussion are the most valuable methods of physical diagnosis in early cases. Mensuration is of great value and should never be neglected. A method of auscultatory-percussion suggested and used by Dr. W. C. Baily, of Las Vegas, N. M., is of much value. It is carried out with the aid of an assistant. The assistant percusses the front of the chest-wall and the physician applies the stethoscope directly opposite the point of percussion on rear of the chest. By this means any deviation from the normal sound (transmitted through normal lung-tissue), such as consolidated areas would cause, may be discovered, even when ordinary percussion would be negative. (Dr. Baily referred to this method in an address before the Medical Association of Alabama, in April, 1903.)

But, even though the diagnosis is made early, not all consumptives are able to leave home in seek of climatic benefits—and consumptives certainly ought not to come to this country unless they have sufficient means to be independent of their own exertions for several—better, many—months. Shall those who cannot leave home be despaired of? Certainly not. I believe that many cases can be cured right in Alabama, provided the patient will cooperate with the doctor, and the doctor give his efforts conscientiously to his patient. My opinion is that the best method of treating consumptives is in a sanitarium, where the patient is under the constant observation of the physician and his attendants, and where a proper discipline can be maintained. Certainly every State should provide one or more properly located and equipped hospitals where the consumptive poor could receive treatment. But,

in default of such a place for the consumptive, much may still be done in his home.

A few words as to the principles of treatment. The chief indications are: to promote free drainage of the lung (taking a second stage case for example); to maintain the nutrition; conserve every particle of energy possible; to keep elimination of waste products properly performed; and to control such symptoms as may present themselves. The patient should live day and night in the open air as much as possible, but undue exposure, such as is caused by "roughing it" is to be avoided. The purer the air, and the dryer it is, the better. The danger of secondary infections (mixed) is lessened by breathing a pure air; and the work of the lung in removing watery vapor is lessened by the dryness of the atmosphere. (A crowd of experienced "lungers" out here can usually tell quite accurately by their subjective symptoms, how great the atmospheric humidity is). The amount of exercise that a patient may take should be carefully determined. When a patient has fever (99 degrees F.) he should be kept at rest. If exercise causes fever it should be discontinued, until such time as this will not be the case. If the pulse-rate is much accelerated by exercise it must be forbidden. Violent exercise greatly increases the tendency to hemorrhages, and also increases the work that the cripple lung has to do—and an inflamed lung requires rest just the same as an inflamed joint does. The rule of forced feeding in every case of consumption is bad, and harm can be caused by taking too much food as well as by over-exercising. It is better when there is fever to administer light diet—even a liquid diet at times. The amount of food given must be regulated in each case, and should be no more than can be readily digested and assimilated, and the waste products therefrom properly eliminated. A greater amount will cause trouble. We should not be alarmed if our patients do not readily and largely increase in weight. Simply putting on of fat does not mean that the lung is correspondingly improved.

To keep the skin in good condition, daily sponge baths (of a temperature to suit the case) should be employed; and especially when at rest—olive oil inunctions and light massage are valuable.

As to medicines: to aid in the drainage from the lung, ammonium carbonate in small doses (3-5 grs. or less) 4 or 5 times a day, is valuable. It is best administered in hot salt water, as this lessens the gastric irritation, and too, the salt is of positive value. Strychnine in moderate doses (1.60 grain) 4 times a day is advisable, as it is a good tonic. When there is no fever, iron should be administered in some non-irritating form. Quinine in tonic doses is valuable at al-

most all times. Small doses of calomel, occasionally administered, aid the elimination, and also probably acts indirectly as an aid to drainage from the lung. Dr. McConnell, of Las Cruces, N. M., has been using and advocating for some time Ichthyol internally, with spray (atomized) of cinnamic acid in alcohol and glycerine equal parts (gr. xx-xi to the ounce). The ichthyol is given in ascending doses, beginning with say 5 drops and gradually increased to 30 or even more, in capsules, immediately before each meal.

In conclusion, let me urge that less harm would result if every physician were constantly "gunning" for tuberculosis; and, also, that each case should be handled hopefully, with courage and patience.

TREATMENT OF PUERPERAL INFECTION.

By James Hawley Burtenshaw.

The supporting of the patient's vitality is an important factor, and attention to diet and stimulation are necessary. Favorable results are usually obtained by rectal or intravenous injections of normal salt solution. His experience with the various silver preparations has been limited and of antistreptococcic serum has been disappointing. Injection of formalin solution has met with little favor. He does not believe in curettage of the septic uterus. In private practice he introduces a suppository containing 15 to 30 grains of iodoform into the uterus, and packs the cavity with plain, sterile gauze, repeating the procedure once or twice on succeeding days. He does not believe in continuous irrigations in septic infection, but thinks they might be of some value in putrid infection or sapremia. Hysterectomy can seldom be done early enough to be of any value. A thorough evacuation of the bowels is necessary, and the necessity of free diuresis is also apparent.—Medical Fortnightly.

TWO CASES OF SIMULTANEOUS EXTRA AND INTRA-UTERINE PREGNANCY.

By Dr. E. Myer.

The first patient was a woman of 34, who had given birth to four children. After skipping her regular period by two days light uterine bleeding set in later and a violent abdominal cramp. Pulse 88, abdomen distended and cervix patulous with a mass of placental tissue protruding. This was removed and a mass of soft patulous character was felt in Douglas's cul-de-sac, which on being punctured, proved to be a collection of blood. Ten days later pulse 120, mass in pelvis growing larger. A vaginal opening allowed a large quantity of old decomposed

blood to escape. Several days later complete placenta of about ten weeks' growth was removed. Recovery.

The second case occurred in a woman of 25, who had one child. Last menstruation four weeks previously. Abdomen distended, some febrile movement, pulse 100. Spontaneous abortion of a four to five weeks' ovum. Six days later violent pelvic pains with a liquid tense mass in Douglas's sac. Laparotomy several days later. Blood coagula in Douglas's sac. Tubes normal. Chorionic villi discovered in the clots of blood. Recovery.—Post-Graduate.

METHOD OF SUTURING THE PROLAPSED KIDNEY.

Agustus H. Goelet, M. D., of New York (Annals of Surgery, December, 1903), emphasizes the following points in the successful surgical treatment of prolapse of the kidney. First, careful preparation to minimize vomiting; second, care to detach the colon from the kidney so as to prevent subsequent dragging when the bowel becomes distended; third, prevention of reattachment of the colon to the kidney; fourth, sustaining sutures, two in number, should be placed as follows: The needle is inserted first from above downward in a direction somewhat obliquely inward to the long axis of the kidney, and penetrate only beneath the fibrous capsule for about half an inch, and the suture is drawn through; then it is inserted transversely a little below the point of exit of the first insertion, penetrates beneath the fibrous capsule, about half an inch, and the suture is drawn through; then it is again inserted obliquely from below upward at a point opposite the first insertion, about an inch from it, and the suture is carefully drawn through. The needle is removed, and the two ends are clasped temporarily with a hemostatic forceps. The second suture is inserted in a similar manner just above the first. The sutures are of silk worm gut and are brought out through the skin for subsequent removal. Fifth, the kidney must be restored to its normal position; sixth, the redundant fatty capsule must not be permitted to become insinuated between the kidney and structures to which it is to adhere; seventh, patient must be confined to bed for three weeks.—St. Paul Med. Jour.

CYSTITIS WITH RETENTION AND OVERFLOW.

H. D. Ribble, M. D., Blacksburg, Va., says: "I used Satyria in a bad case of cystitis, with retention and overflow, occurring in a man over eighty years of age. Occasionally catheterization and bladder washing was required; results were such as to encourage belief that your preparation is a soothing diuretic."

Selected Articles.

JEFFERSON COUNTY MEDICAL SOCIETY.

By A. W. SIMS, M. D., Secretary.

At a regular meeting of the Jefferson County Medical Society, held January 25, 1904, the following papers were read and discussed:

ESSAY BY DR. ABERNATHY ON FEVERS IN ALABAMA.

Dr. Abernathy presented the Society with "A running commentary on an old work on the early fevers in Alabama."

He referred to the work on the subject by Dr. Heustis of Cahaba, Alabama, written in 1825, and read extracts from same.

DISCUSSION.

Dr. Mason spoke of the value of papers of this class from a historical standpoint, and expressed the opinion that the Society should encourage their presentation.

Dr. Whaley spoke of McGowan on "The fevers of the South," published in 1849.

Dr. T. A. Casey made a few remarks on the fevers now prevalent in this section.

Dr. Whaley called attention to the fact that the work by Dr. Heustis spoke of all fevers as a common disease with variation in individual cases.

Dr. Jordan thinks that any disease, especially typhoid fever, varies in its different manifestations in different sections of the country.

Dr. Whaley called attention to the fact that any prevailing disease in any location may, at different times, present different characteristics.

REPORT OF CASES.

Case 1. Dr. Talley reported case of strangulation of bowels with gangrene. Operated, opened abdomen, and found cavity full of black fluid. Gangrenous portion of gut was removed, using Murphy button. The cavity was flushed with salt solution and closed. Had no bad symptoms until 9th day, when a fistula developed, at the bottom of which the button could be felt. Enlarged fistulous opening and removed button. Fistula closed and patient went on to rapid convalescence. Gave salt solution by hypodermoclysis during the operation to avoid shock. He thinks operation should be done even after gan-

grene has set in. He left no drainage and did not have any evidence of trouble afterward.

Case 2. Ectopic gestation. Patient first complained of colicky pain about Christmas. She was then menstruating, but went to depot to leave city, but had to return home on account of the pain. The uterus and appendages were examined, but found nothing wrong. Had operation previously for pyo-salpinx. She went home later and returned with her sickness on. On January 5, 1904, she was curretted and examined under anaesthetic. Membrane was noticed in the scrapings and he thought she had had an abortion. There was no history of having missed any period. Four or five days later she developed pain on right side low down in abdomen; temperature, 100°; tumor over region of appendix. From the history, pus in the right tube was suspected. Applied ice bags with diminution in pain, but tumor persisted. Leucocytes 45,000. Patient was much nauseated.

Operation, incision over tumor showed ectopic fertation, ruptured, with quantity of blood. He used drainage and is sorry he did so, as it left a sinus. The case is interesting in that no history of pregnancy could be obtained.

Dr. Peters asked if a blood count (reds) had been made.

Dr. G. S. Brown thought the cases very interesting and congratulated the doctor on the results. Salt solution should be used at the beginning of operation to prevent shock. Emphasized the difficulty in diagnosis. He would have left drainage in the first case reported.

Dr. Jordan believes that drainage would not have been of any service in the first case, because if there had been any infection it would have been of the entire cavity, and the only method was by salt solution.

Dr. Peters thinks that the salt solution should be used—subcutaneously, and not left in abdomen, as it would serve to distribute any local infection that might be present, and thus cause a general infection of the peritoneum.

Dr. Parke spoke of the theories advanced as to the necessity of periboneal drainage, and thinks the first case demonstrates that it is not absolutely necessary.

Dr. Purifoy stated that he does not drain except for abscess. The lymphatics will care for a certain amount of infection.

Dr. Talley closed.

Dr. Wyman reported a case of acute meningitis in an adult due, presumably, to the pneumococcus.

Dr. Parke stated that the diagnosis was only speculative in ab-

sence of post-mortem, and believes that we should insist on holding one in doubtful cases. He reported a case where all symptoms pointed to a meningitis complicating pneumonia, and unfavorable prognosis was given. In forty-eight hours child passed the crisis and all symptoms disappeared with complete recovery.

Dr. Jordan saw case diagnosed as meningitis and pneumonia developed later. Post-mortem showed both.

Dr. Ward called attention to the fact that may have symptoms pointing strongly to a meningitis when only have a labored pneumonia.

Dr. Wyman closed.

At a regular meeting of the Jefferson County Medical Society held on February 8, 1904, at the Commercial Club rooms, Birmingham, Alabama, the following cases were reported.

REPORT OF CASES.

Dr. Geo. S. Brown reported two cases.

Case 1. Chronic parenchymatous nephritis in a child seven years of age.

Case 2. Ruptured pelvic abscess drained through the vagina.

Dr. Talley thinks the infection must have been of a mild type or general peritonitis would have resulted. The peritoneum is capable of taking care of infections better than supposed. He thinks that as a rule pelvic abscesses are packed and drained too long. He thinks the lesson taught by case 1 should lead every man to make more careful examination as to the condition of the kidneys.

Dr. Rosser examines the urine of his cases in children whenever possible.

Dr. Wyman thinks case 1 very instructive and shows that nephritis is not so uncommon in children. Follows many of the acute infectious diseases. It teaches the importance of urinary examinations.

Dr. Parke saw case 1. He thinks the cause of the majority of these cases of secondary nephritis is improper feeding, especially during convalescence. He has never seen it follow even in scarlet fever where strict diet is observed for three or four weeks. The intestinal canal should be watched and cared for in an acute infectious disease.

Dr. C. Rittenberry does not agree with Dr. Talley as to drainage and packing. He thinks that the majority do not use enough packing.

Dr. Brown, in closing, emphasized proper feeding in acute diseases. All cases of dyspepsia in children should be thoroughly investigated.

At a regular meeting of the Jefferson County Medical Society held on February 22, 1904, at the City Hall, Birmingham, Alabama, the following cases were reported.

REPORT OF CASES.

Dr. J. M. Mason reported a case of congenital hypertrophy of the left hand and arm, and presented the patient to the Society. See case reports.

Dr. J. D. S. Davis asked the part played by syphilis in causation.

Dr. Ward saw the case for Dr. Mason and the hand had all appearances of erysipelas. He saw it again two weeks later and abscess had formed.

Dr. Mason closed.

Dr. G. S. Brown reported a strange case of phlebitis. See case reports.

Dr. H. S. Ward in discussing the subject stated that Dr. Brown had mentioned all the points in the case.

Dr. J. D. S. Davis has never seen anything of the same character develop so suddenly. Suggests marble oedema.

Dr. C. C. Jones saw somewhat similar case following curettage for cancer. Patient died from shock.

Dr. Mason called attention to the paper written some time since by Dr. Talley on the subject of phlebitis.

Dr. W. P. Duncan has never seen an exactly similar case. Saw one case following influenza where one leg and half scrotum were affected, then other leg and remaining portion of scrotum, the condition finally extending on abdomen one-third of the way to umbilicus. Patient suffered severe pain; was six weeks before any marked improvement.

Dr. Wyman thinks the obstruction must have been in the femoral or iliac veins. Had one case with obstruction in femoral artery necessitating amputation. Has never seen a case of phlebitis where swelling disappeared so rapidly.

Dr. Brown, in closing, stated that the punctate hemorrhages were due to venous tension. Pain developed before oedema, and the swelling followed the cyanosis. The veins were all tense showing there was no obstruction to flow of blood through artery.

At a regular meeting of the Jefferson County Medical Society, held March 14, 1894, at the City Hall, Birmingham, the following papers were read.

ESSAY BY DR. W. T. BERRY.

Dr W. T. Berry read a very practical and instructive paper on hernia.

Dr. G. S. Brown has operated on six cases recently in which the cord was not placed in a new canal, but left in the inguinal canal. He has had no recurrences.

Dr Rogers asked the essayist about the suture materials used.

Dr. Berry, in closing, stated that he did not know of any operation where new canal was not made, but did not see why such an operation should not be successful.

The suture material used were kangaroo tendon and cat gut. Emphasized the plaster spica as an ideal dressing in the young.

VOLUNTARY PAPER.

Dr. Sholl made some remarks on the Doctor in Politics, and urged the members to stand by the friends of the profession.

Before the discussion was closed, the chair ruled the discussion out of order, and the Society proceeded to report of cases.

REPORT OF CASES.

Dr. Torrance reported a case of suture of brachial artery with recovery of function of sutured vessel.

Dr. G. S. Brown asked if the doctor had been able to find any literature bearing on the subject, and if any cases had been previously reported.

Dr. J. D. S. Davis considers the subject of much importance as it may be the means of saving many limbs which would otherwise be sacrificed.

Dr. Richardson suggested the possibility of collateral circulation.

Dr. Torrance, in closing, stated that he had found a few cases of suturing of arteries reported. Did not think the radial pulse was re-established through collateral circulation, but that blood was flowing unobstructed through the sutured artery.

Dr. Davis reported case of gunshot wound of abdomen with eighteen perforations in intestines. Resected 62, using Murphy button. Recovery.

Dr. Morris saw the case. There were no complications and the doctor was to be congratulated on the result.

At a regular meeting of the Jefferson County Medical Society held March 28, 1904, at the City Hall, Birmingham, Ala., the following papers were read and discussed:

ESSAY BY DR. J. R. SNYDER ON "INFLUENZA IN CHILDREN."

DISCUSSION.

Dr. C. A. Fox called attention to the frontal sinus pains and gave his treatment. Use some astringent to nasal mucous membrane, preferably a solution of adrenain chloride. This is followed soon by a muco-purulent discharge with relief of pain.

Dr. Parke thinks the diagnosis is often puzzling. Temperature is usually high, pulse may be slow or fast. The temperature often continues for several days before the catarrhal symptoms appear. Potass. Chlor. has not proven itself the remedy that some claim. The naso-pharynx should be frequently cleansed to prevent extension of disease and absorption of toxins.

He thinks the pain is due to involvement of accessory sinuses and not to a neuritis. As to diet, he is heartily in accord with the opinion expressed by the essayist.

Dr. Lull asked for the technic of microscopic examination.

Dr. Ward gives his technic. Get specimen of sputa, preferably that which is coughed up. Make a thin smear and stain with carbol. fuchsin or eosin. Examine with o. i. lens. Pfeiffer's bacillus appears as a small, short bacillus. Has seen them in his examination for t. b., but did not know what they were. For successful cultivation, the culture media must contain haemoglobin. The disease can only be transferred from one patient to another in moist sputum.

Dr. Peters asked for the manner of differentiation from the tubercle bacillus when carbol. fuchsin is used. Dr. Ward replying that the bacillus of Pfeiffer also takes Methylene Blue.

Drs. Harkness, Taylor and Wells on Children make the statement that an attack of influenza renders a certain amount of immunity against scarlet fever, but he has seen a supposed case of scarlet fever follow in ten days, but the influenzal attack may have caused the disease to appear in a milder form.

Dr. T. A. Casey sponges in cold water for the high temperature. withholds all nourishment in all acute diseases with hyperpyrexia. Does not think influenza can be aborted with any treatment.

Dr. Lowery would like to know some satisfactory method of controlling the severe supraorbital pains in the disease.

Dr. Woodson thinks the vaso-motor disturbance is the most important. Local applications have no effect. In this disease you have a

vaso-motor paresis in the naso-pharynx with dilatation of the capillaries and engorgement. He has a specific for this neurotic condition and accompanying pain.

R Ext. Belladonna Gr. 1-8 for restoring periph. circulation, thus overcoming congestion.

Codine Sulph. Gr. 1-4 for relief of pain.

Quinine Sulph. Gr. 1 for tonic and antipyretic effect.

Caffeinae Citrat. Gr. 1-6 for stimulating effect.

As to the middle ear complications. The membrane should be incised (not punctured) on the least evidence of bulging. Never use a syringe in the ear after discharging has made its appearance, but instead, swab out ear carefully and use antiseptic treatment; keeping the ear packed.

Has never seen a case of mastoid involvement except where ear was washed out with syringe. Mastoid infections were rare before the grip invasion, and are always due to imperfect drainage.

Dr. Whaley called attention to the involvement of lungs in young infants suffering with this disease, rather than the upper air passages. Where have no complications, all that is necessary is to put patient to bed with possibly some phenacetin and Dovers powder.

Dr. Cocke states that the demonstration of the bacillus of Pfeiffer with microscope is one of the most difficult in pathology.

Dr. Snyder, in closing, states that Potass. Chlorat. has been very highly recommended and has served him well. Does not think any attack of influenza protects from fever. The treatment outlined by Dr. Woodson does not conflict with that recommended. May have complication, but the object of instituting treatment early is to prevent.

REPORT OF CASES.

Dr. L. C. Morris reported a case of appendicitis. See case reports

Dr. Tally saw the case before operation and thought it was the only case he had ever seen in which a positive diagnosis of ruptured ectopic gestation could be made, but operation showed appendicitis. The case was very interesting on account of the history and the fact that the patient rallied after operation. At the time of second operation she was in a dying condition and the pus was plentiful.

Dr. Parke would like to have a discussion as to the drainage or non-drainage in such cases.

Dr. Mason thinks this case brings up forcibly the questions when to operate, and what will be the final result of a seemingly slight attack. He believes in operating as soon as a positive diagnosis is made.

Dangerous conditions may arise in a few hours, and therefore should avoid this possibility.

Dr. Davis says the case, to his mind, presents three very interesting points, viz., the sudden onset, severe shock following, and that no fistula resulted from the punctures in the gut.

Spoke of an appendix ruptured by the patient kicking a foot ball. Any perforation properly drained and walled off is harmless. Would have made a diagnosis of ruptured ectopic in view of the history and symptoms presented.

Dr. G. S. Brown stated that secondary abscesses can only be due to infection left in abdomen; these infectious particles are often retained on account of adhesions; therefore, all adhesions should be broken up. In ruptured appendices, small particles of faecal matter often remain in abdomen. He has devised a silver tube to be used in the washing out of the abdomen which, as a rule, works well.

The uninjured peritoneum is capable of caring for infections, and drainage is only needed where peritoneum is injured or interfered with, or some foreign substance left that will destroy. He had one case die from pneumonia nine weeks after the operation, the pneumonia due to a rupture of a subdiaphragmatic abscess.

Dr. Wilson thinks that the treatment of the distended gut is the feature of the paper. It is usually done by drawing out a loop of intestine and establishing an artificial anus, thus doing away with distension.

A diseased peritoneum must be drained. After filling the cavity with salt solution the head should be lowered as the lymphatics in upper abdomen are more active. The peritoneum is capable of caring for a great deal of infection, especially if aided by flushing to remove as much of the infection as possible. If peritoneum is seriously injured, must drain.

Dr. Lupton states that in this case the abdomen was full of pus with gangrenous gut and the leucocytes were only 14,000, whereas in the two cases of ruptured ectopic seen by him, they were 36,000.

Dr. Talley, speaking on drainage, thinks that where a cavity is packed, the tendency is to remove the gauze too early. It can rarely be as completely packed the second time. He also thinks that we pack cavities for too long a period after removal of the first,—causing unhealthy granulations and consequent absorption of toxins.

Dr. G. S. Brown believes in tapping the gut when necessary, but thinks the necessity for such a procedure can be obviated by a tight binder, withdrawal of food, abstinence from purgatives, and by the judicious practice of lavage.

Dr. Lowrey thinks that the elevation of the hips would tend to disseminate infection within the cavity and interfere with respiration.

Dr. Brown stated that at the last meeting of the Southern Surgical all advocated the exaggerated Fowler position.

Dr. Peters thinks that all are at sea as to drainage, as evidenced by the use of every method for this purpose; some advocating drainage, others no drainage. A drain only does good in its immediate neighborhood, as adhesions soon form, separating it from general cavity. Any form of gauze drain soon becomes saturated, and if left for any length of time may find collections of pus behind it. Drains well placed do good. For local drainage he likes the glass tube with wick. For prevention of distension, flush out cavity, wash out stomach, tight binder and enemata.

Dr. Morris, in closing states that lavage was used in this case, also frequent enemata and tight binder. He tapped the gut instead of making artificial anus, as he did not know at what part of small intestine he was, and did not want to create an artificial opening high up in the small gut.

Drainage. He thinks infections in the lower abdomen in females are best drained the Douglass' culdesac. This also applies to appendiceal cases in females.

In acute tube infections, also in hysterectomy, the course and mortality is lessened when the vaginal route is used.

At a regular meeting of the Jefferson County Medical Society, held April 11th, 1904, at the City Hall, Birmingham, Alabama, the following essays were read and discussed:

ESSAY BY DR. J. R. SNYDER.

Dr. J. R. Snyder read a paper, the object of which was to call attention to the Heyburn Pure Food and Drug Bill now pending in the National Senate.

DISCUSSION.

Dr. Talley spoke of the interest manifested by the A. M. A. in this subject, and stated that he had received a blank form petition from Dr. Chas. A. Reed, with the request that he have it signed by prominent men and forward to the Hon. Mr. Heyburn.

Dr. Rosser stated that he had noticed the increasing adulterations both in food and drugs during his professional career and called attention to several of the more important cases.

Dr. Coulbourn thinks that resolutions should be passed by the Society and forwarded to the author of the bill.

Dr. Coston thinks that the resolutions should also be forwarded to the Alabama Senators.

Dr. Snyder closed the discussion.

CASE REPORTS.

Drs. Coulbourn and Jordan reported cases, but no copy of reports have been furnished the Secretary, and they are, therefore, not spread on the minutes.

PROTARGOL IN GONORRHEA.

Among laymen it is often the custom to underrate the importance of an attack of gonorrhea, and to regard the period spent while suffering from it as merely a time of enforced absence from alcohol and sexual intercourse, together with the undergoing of a regular routine of medical treatment. To anyone, however, who knows the severity of the complications and sequelae of gonorrhea, as well as its wide distribution in all classes of society, the case is far otherwise, and anything which promises to cut short the disease in its early stages appears as a boon. There have been various specifics put forward from time to time with the view of aborting gonorrhea when the case was seen sufficiently early, but none of them has received entire confidence. The reason lies probably quite as much in carelessness of application as in any failure of the agent employed, since the method used in all is the destruction of the infecting gonococcus before it has become intracellular. In several cases recently reported, principally from America, where gonorrhea appears to be even commoner than here, protargol has been used with great success. The method employed by Dr. Bierhoff, of New York, (a) is the complete flushing of the urethra by a 1-6 to 1-2 per cent. protargol solution. Dr. Bierhoff employs the drug only in early cases where the discharge has just begun, and where, on microscopic examination, but few intracellular organisms are seen. He first anesthetizes the urethra with mixed solutions of cocaine and protargol, and then thoroughly washes the anterior part of the urethra with protargol. The entire urethra is next irrigated with protargol solution in large quantities, the patient emptying his bladder and the injection being repeated several times in succession. This is done by the medical man once a day, while the patient washes several times his urethra and bladder with the same solution four or five times in addition. At the end of four or five days the discharge has usually ceased, no organisms can be discovered, and the disease is cured.—Medical Press, April 6, 1904.

Editorial.

JNO. C. LeGRANDE, M. D.,.....Editor and Prop

COLLABORATORS:

*T. W. Ayers, M. D., Hwang-hien, via Chefoo, China.
J. T. Searcy, M. D., Tuscaloosa.
L. C. Morris, M. D., Birmingham.
J. A. Goggans, M. D., Alexander City.
W. W. Harper, M. D., Selma.
Frank T. Smith, M.D., Chattanooga, Tenn.
E. D. Bondurant, M. D., Mobile.
B. L. Wyman, M. D., Birmingham.
Thomas D. Parke, M. D., Birmingham, Ala.
W. H. Wilder, M. D., Birmingham,
D. F. Talley, M. D., Birmingham.*

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THE ALABAMA MEDICAL JOURNAL, Birmingham, Ala.

Statue to Dr. William Elias B. Davis

The memory of Dr. William E. B. Davis, late of Birmingham, Ala., will be appropriately perpetuated by the erection of a monument by the Southern Surgical Gynecological Association, of which Dr. Davis was the originator as well as founder. He not only conceived the idea, but organized the association in all its details and served as its secretary and executive officer for thirteen years. The association does well in thus testifying its appreciation of this distinguished physician, whose memory will live in spite of granite or bronze.—Buffalo Medical Journal.

The statue will be made by G. Moretti, who was the designer of Vulcan (the Colossus iron man which represents the Birmingham district at the St. Louis Exposition) and will be in bronze, 7 1-2 feet high, standing upon a granite pedestal 9 1-2 feet high.

Signor Moretti is now making a marble bust of Dr. Davis in Alabama marble. The plaster caste is a very fine likeness. He has made an indemnity contract to have the statue ready by the first of December next that it may be unveiled at the coming meeting of the Southern Surgical and Gynecological Association.

Life Insurance Again.

Dr. E. H. Sholl was invited to read a paper before the State Medical Association, and selected as his subject the "Relations of Life Insurance Companies to the Medical Profession."

In the discussion of this question the author evinced a decided determination and a fixed conviction with reference to his personal relation to these companies. He made it clear that every physician should be reasonably compensated for the responsibility he assumes for the companies in making careful and honest examinations, and that any company which offered a fee of less than five dollars for a medical examination should not be considered, and that the cutting of the price for examinations to two and three dollars ought not to be tolerated by any conscientious and intelligent doctor in Alabama. The doctor was applauded on this point.

It seems from the sentiment expressed that the physicians of Alabama are in perfect accord with the view expressed by the author. He, however, insisted also that the physicians should be paid for recommending medical examiners and that the compensation should come from the companies. On this point there was some difference of opinion. The editor of this journal took the position that the companies, as a rule, sent stamped envelopes and blanks to be filled out, and that the compliance with this request was often an accommodation, perhaps to the members of the profession, and should not be charged for. During this discussion a point of order was raised that the discussion of fees was out of order, as it has been the policy of the Association since its organization not to consider financial questions, fees, etc. The President, however ruled that it was in order to discuss the subject presented, and for the time the discussion of the question was continued. Later, the President ruled that further discussion of the question would be out of order.

On this point we take it that the President had invited the author to discuss a subject, and the latter selected that above named. He was permitted to discuss it, which discussion created some interest, and in our opinion, so far as discussion of the subject was concerned, it was perfectly legitimate, but had a motion been made to endorse any

financial or fee question, then the point of order to rule it out, we think, would have been well taken. It is, however, our opinion that it is well and wise to avoid any question in our Medical Association about which a wrong impression might be created, or any question which would be impolitic. Still the medical profession might be benefited, and their rights more clearly understood if some of the barriers could be removed and a free and frank discussion allowed on questions which need to be exposed.

The Jerome Cochran Monument.

Five years ago, a committee was appointed by the State Medical Association, consisting of Drs. Sanders, Gaston and Baldwin for the purpose of raising funds to erect a monument in memory of the late Jerome Cochran. It is to be regretted that this matter has seemed to drag along continuously as it has. It seems to us that the money should have been secured and the monument erected by this time. It is likely, however, that a great movement of this kind, which requires some personal sacrifices and a spirit of philanthropy, will progress slowly.

At the recent meeting of the State Medical Association of Alabama an evening was devoted to the discussion of this subject. Dr. Sanders made a report showing that he has received in actual cash something over \$200.00. The subscriptions, however, far exceed this amount. The resolution to appoint a committee of one from each county in the State to bring this matter before the different County Societies, was in our opinion, a wise solution of the problem, and we believe that the amount necessary to be raised will be forthcoming. We will be glad to have a report from each county in the State for publication in *The Journal*, so the doctors of Alabama may keep informed as to the progress that is being made in this matter, and we take this occasion to suggest that the counsellors of the State Medical Association, where it is possible for them to do so, contribute at least \$10.00 each. In our opinion, this would guarantee a fund sufficient during the next two years to erect the monument, because a liberality on the part of the counsellors will certainly stimulate the members of the different Medical Societies to contribute liberally. We insist that the Medical Association of Alabama could do nothing which would redound to its glory and honor more than expending the small amount necessary for the erection at the capital of this monument.

The Medical Association of Alabama.

The recent session of the State Medical Association of Alabama, held in Mobile, was, in many respects, the best in the history of the Association.

Dr. M. B. Cameron, of Sumpterville, the President of the Association, proved himself to be an exceedingly agreeable and efficient presiding officer. The papers read were of a high class and did credit to the authors and to the Association. The attendance was larger than usual, and it was gratifying to see so many of the younger physicians throughout the State present and to note the enthusiasm which they manifested in the work of the Association.

There were several distinguished gentlemen who are well known to the profession present from other States. Dr. Thayer, of Baltimore, delivered the Jerome Cochran lecture, and Dr. Haggard, of Nashville, and Dr. Noble, of Atlanta, were in attendance, and all read very instructive papers. The members of the Association, without exception, were delighted to have these gentlemen present.

The President's address contained several recommendations which were duly considered; he, however, made some recommendations which the Association thought best to postpone action upon for the present. The address by the Orator, Dr. Geo. S. Brown, subject, "Alcohol," was carefully prepared, and was received with marked interest. The address of the Monitor, Dr. T. D. Parke, was unique in many respects, and pronounced by those who expressed an opinion as being one of the best in the history of the Association. This address is published in this issue of The Journal, and our readers are referred to it with the assurance that it will be read with interest and profit.

It is a pleasure to note the agreeable things that occur at the meetings of the State Medical Association, and we dislike to call attention to anything which would seem to be a criticism; at the same time, the feeling of duty compels us to say that in the selection of a hall for the meeting of the Association the acoustics and surroundings should be carefully considered, and the thing to which we call attention especially is the inability or indisposition on the part of many of those who read papers to make themselves distinctly heard. Many good papers lose their value by not being distinct, and it is to be hoped that our doctors who take the time to prepare interesting papers will, in the future, read them so as to be distinctly heard by those in the audience.

The social features of the Association were simply superb. It was noticeable that the private entertaining was to some extent dis-

pensed with, and all the good doctors came together and entertained their guests as a whole. The boat excursion, the entertainment given at the park by the Mobile Medical College, and the reception at the Elks Hall were all enjoyable occasions. The climax, however, was reached on Thursday evening by the magnificent banquet, where there were about three hundred present. Dr. Bondurant, the toastmaster, proved himself to be an agreeable expert, and added much to the pleasure of the occasion by the witty manner in which he introduced the several speakers. It was an occasion which all the visiting doctors will remember with great pleasure years to come.

The State Medical Association is growing in members and influence, and is destined to be a great organization for improvement to the great number of doctors in Alabama who are just entering the profession.

Reading Papers by Titles.

The preparation of the program for the meeting of the State Medical Association and the selection of competent physicians to write the papers requires much thought upon the part of the President. It is an honor and a distinction to be invited to read a paper before the State Medical Association of Alabama. That some physicians select their subject and send their names in to read a paper, when at the same time they have no intention of attending the session of the Association, is believed to be a fact. Such action should be no longer tolerated.

At the recent session of the State Medical Association of Alabama a large number of papers were called to which no response was made except that the author was not present, and too many papers had to be read by title because of the fact that the author of the paper was absent. It is true that it may occasionally occur that a physician may be unavoidably detained and compelled to remain at home, but when so many, to which our attention has been called, should practice the method here referred to, it is time for us to make a note of it. We believe every conscientious, intelligent doctor who is earnestly and faithfully striving to better the condition of the profession and to do his duty in the dissemination of medical thought and knowledge will agree that we are justified in the criticism which we make. It is to be regretted, however, that this does not apply exclusively to the Medical Association of Alabama and the doctors of this State, but the same conditions exist elsewhere. In a recent issue of the Central States Medical Magazine occurs the following editorial on this subject:

"The recipient of the program of a State Medical Society generally finds several numbers that are of especial interest to him. He attends the session of the society and not only expects the author to read his paper, but during its discussion by men of prominence some very interesting points are brought out, together with the personal experience and observation of the speaker. Hence it is proper and right that every author read his own paper and that it be open for discussion. There should be no excuse for nonattendance except from sickness. Is this always the case? Not by any means. Quite frequently one-third of the papers are read by title only and of course are not open for discussion. Sometimes the papers are too long to come within the limit, the author may or may not be present and it is read by title only. The paper is then buried in the transactions and now and then possibly used for reference. But as a rule there is quite an opportunity for it to be forgotten. A cheap reprint can be obtained and by distribution a few members of the profession become acquainted with its contents. Now and then some of the papers are published in medical journals and this should be the case with all of them for unquestionably with hardly an exception they are meritorious. We emphatically decry the common practice of reading a paper by title. Not those cases in which it is unavoidable but instances where it is previously known that the program will not be carried out as printed.

When an announcement is made that certain papers will be read it is an obligation and should not be violated. Papers are read by title when it could be avoided and it is an injustice to the members who attend the society. It is an evil that should be corrected."

Signs of the Times.

An editorial in the Nashville Journal of Medicine and Surgery for March discusses this subject liberally.

As with every intelligent journalist who keeps informed with the condition of things, we are among those who admit that the quotation from the Medical Brief and the few lines from the Nashville Journal are timely, and we reproduce the editorial, which is as follows:

We have read many things in the signs of the times, but do not know just what new thing this dark shadow is that disturbs the equanimity of the editor of the Medical Brief. We have watched various shadows grow for many years, chief among them the spirit of commercialism; this we have watched grow, and have watched it creeping slowly, but surely, into the reading matter of various journals. It is only too true that machinism is anxious to think for us, to prescribe for us, to instruct us, and it is well to watch the dangers lurking in

these shadows. Below we give an extract from the Medical Brief:

"The future progress of medicine lies entirely in the hands of the independent medical journals. The signs of the times indicate that there is a movement on foot to perfect an organization which is intended to give exclusive control of this great body to a few men. All progress, as the world well knows, always has been and always will be made by the independent man, the independent thinker. The independent medical journals give each man a chance to have his say and to hear what others think.

"The rule of machinism is universally bad. Policy and expediency are the principal considerations. Everything is done to strengthen the party in power. The governed have practically no say in things that most intimately concern them.

"You say: 'How can a few govern a majority?' But they do. That reminds us of the fellow who was put in jail, and sent for a lawyer. The lawyer came and told him they could not put him in jail on any such charge. 'But,' says the man, 'I am in jail.'

"We must look at facts. Give a machine control, and it is all the time planning and scheming to strengthen itself. The great body of physicians, occupied with their daily affairs, do not have the time or the means to fight these encroachments. If it were not for the independent medical journals, the doctor would soon find his hands tied. He would have to look out for his own rights then, and the individuals can accomplish little without some medium to air his views.

"In every department of life the independent worker and thinker should be encouraged, and the effort of machines to establish control should be fought. There is trouble ahead whenever people want to legislate or think for you. Certain slavery, the subordination of your own rights and powers, is the alternative to individual, independent action.

"One of the first moves of the little handful of men who are preparing to organize and dominate the medical profession has been to jump on the Medical Brief, which is the most ethical, progressive, scientific, and fairest journal in the world. The Brief has been selected for these attacks because of its enormous circulation and great influence. Any fight on the Medical Brief is a fight on all independent journalism.

"Consult the signs of the times. While there is yet peace, prepare for war. Those who love liberty and the fruits thereof must stand ready to fight for them when need be. Encourage individual enterprise everywhere; that is the American idea. We have seen the evils of trusts and unions—imported from Europe, where the conditions are utterly different. Compulsion is their sole method of doing business.

Letting others think for us is to be steadfastly combated in every department of life.

"When a journal says it belongs to and is run by the profession, look out. The profession is attending to its business, and so is the journal's management. The honest, independent journal tries to serve the profession practically for business reasons. The independent journal does not want to boss the profession, because it has trouble enough of its own. But the medico-political journal is operated on medieval principles.

"It is always seeking alignment with the State. It is always trying to secure rigid laws and a machine organization that will put arbitrary, irresponsible power in its hands.

"What right has the State to enter into the manufacture of antitoxin, any more than quinine or morphine, except that it creates new offices, calls for appropriations, and strengthens the machine?

"Doctors should oppose the State manufacture of anything. The deadly antitoxin made by the city of St. Louis certainly demonstrates the inferiority of State products.

"The independent medical journal will develop an unexpected strength in this fight on their existence. There are quite a number of good independent journals, which are generally popular and blessed with healthy circulations. The profession should encourage independent journalism to the extent of its power. Take not only the Brief, but as many good independent journals as you can. They are all practical and progressive. You will learn something from every one of them which will make you a better doctor. The great thing with the doctor is to pick up knowledge that will enable him to cure his patients, not necessarily in the 'regular' way, the 'ethical' way, the fad way, but any old way at all.

"The Medical Brief has nothing to gain in writing this article, except to call attention of the profession to the efforts made to hoodwink and delude it. Watch, and you will see the grand scheme unfold itself."

We are glad to note a large number of the leading journals of the North and South have a high appreciation of our distinguished fellow citizen, Richmond Pearson Hobson, who delivered the annual address to the graduating class of the Birmingham Medical College at the recent commencement held at the Jefferson Theatre in this city. The able address delivered by Captain Hobson entitled him to all the good things the medical press has seen fit to say.

Miscellaneous Notes.

Dr. E. M. Robinson is spending a few weeks in Philadelphia reviewing some special work in surgery.

Drs. Thayer of Baltimore, Haggard of Nashville, and Noble of Atlanta, were among the distinguished visitors at the recent meeting of the State Medical Association.

The Jefferson County Medical Society has such a large membership that it has decided to dispense with the calling of the roll on account of the valuable time consumed thereby.

Birmingham and the Jefferson County Medical Society were well represented at the State Medical Association. Those who attended were Drs. T. L. Robertson, E. H. Sholl, B. L. Wyman, T. D. Parke, Geo. S. Brown, D. F. Talley, L. C. Morris, W. P. McAdory, F. A. Lufton, J. D. S. Davis, Z. B. Chamblee, J. T. Colbourne, D. T. Jones, C. C. Jones, W. M. Jordan, Wyatt Heflin, W. F. Black, J. T. Hartwell, J. M. Killough, J. H. Edwards, J. C. LeGrande and Dr. and Mrs. Mack Rogers.

Among the distinguished visitors to Birmingham during the month was Prof. Penniman, Dean of the Faculty of the University of Pennsylvania. While here he delivered a lecture at the Hotel Hillman which was highly entertaining and instructive. Dr. Penniman represents a great school. The medical department of the University of Pennsylvania is the oldest medical school in the United States. Such men as Penniman will always find a hearty welcome by the refined and cultured people of Birmingham.

The following officers of the Medical Association of the State of Alabama were elected at the recent session at Mobile to serve for the ensuing year:

President—Dr. C. C. Jones, East Lake.

Vice President for the Northern Division—Dr. W. H. Bell, Hargrove.

Members of the State Board of Censors—Dr. E. H. Sholl, Birmingham, and Dr. I. L. Watkins, Montgomery.

Orator—Dr. Seale Harris, Union Springs.

Alternate Orator—Dr. B. B. Simms, Talladega.

CYSTIC IRRITATION.

F. M. Hubbard, M. D., Harmony Grove, Ga., says, "I have used Satyria in cystic irritation and find it superior to anything used yet and I have used several remedies."

AMERICAN MEDICAL EDITORS' ASSOCIATION.

The annual meeting of this Association will be held in the parlors of the Hotel Dennis, Atlantic City, N. J. at 2 p. m., June 6th. A most interesting programme has been prepared and many instructive papers upon medical journalism and allied subjects will be presented. All editors are most cordially invited to attend.

The regular meeting of the Bibb County Medical Society was held at Blocton on April 5th. These meetings are held quarterly and are well attended by the doctors of the county, who are for the most part aggressive young men.

This meeting was made especially interesting by the presentation of two excellent papers—one on "Puerperal Infection," by Dr. J. F. Jenkins, and the other on "Ileo Interitis," by Dr. Head. A general discussion followed the reading of these papers.

Dr. C. C. Jones and Dr. E. M. Robinson were present as invited guests of the society and took part in the discussion of the papers.

A sumptuous banquet was enjoyed by all present after meeting.

Dr. E. M. Prince, president, presided at the meeting. Dr. Huey is the efficient secretary of the society.

E. M. R.

The days of the cotton jacket and the linseed poultice seem to be past. Perhaps the applications valued most highly by medical teachers at this time are the cold ones either in the form of ice bags or cold compresses frequently changed. These when placed over the seat of disease, seem to give decided relief, to modify the temperature, and to hasten early resolution. But in spite of their advocacy in the textbooks the rank and file of the profession do not take to them kindly.

Antiphlogistine now enjoys perhaps greater popularity in the treatment of pneumonia and other acute respiratory diseases than any other local application. This popularity seems to be well deserved. It may not modify the course of the disease to any great extent, but it certainly proves of the greatest comfort to the patient, and helps to ameliorate some of the troublesome symptoms which are characteristic of the disease. Antiphlogistine must therefore be considered a distinct addition to our therapeutic armamentarium.—The Medical Standard, March, 1904.

RESOLUTIONS OF RESPECT.

Action of the Medical Society on the Late Dr. Sexton.

The committee appointed by the Jefferson County Medical Society to draft resolutions on the death of Dr. Charles R. Sexton reported at the meeting of the Society and the resolutions were adopted. Following the preamble, the resolutions were as follows:

Be it resolved, First, That in the departure of Dr. Sexton this Society has lost an honored and respected member; the community in which he lived a useful, care-taking physician and a good citizen, and that his immediate friends and family have sustained an irretrievable loss.

Second, That a copy of these resolutions be spread upon the minutes of the Jefferson County Medical Society, furnished the Alabama Medical Journal, and to the surviving brothers and sisters of our friend.

S. L. Ledbetter, M. D.,

H. N. Rosser, M. D.,

B. L. Wyman, M. D.

Committee.

For the "spring housecleaning" necessary to remove the accumulated dirt of winter, and to get the premises into condition to meet the demands of the changing seasons, there is nothing to equal a thorough "cleaning out" with Saline Laxative followed by the W-A Intestinal Antiseptic after meals and in sufficient amount to deodorize the stools.

If a "spring tonic" is needed to remove that "tired feeling," Sanguiferrin (liquid or tablet), and the Triple Arsenates with Nuclein are excellent.

For sample and literature, address The Abbott Alkaloidal Co., Ravenswood Station, Chicago, Ill.

MELLIN'S FOOD IN ADULT FEEDING.

There are a large number of clinical conditions in which Mellin's Food can be made to play an important part aside from infant feeding. When the digestion is not only impaired, but the recuperative energies also affected, it becomes a matter of grave importance in selecting a dietary. It is under such circumstances that Mellin's Food can be utilized with entire safety and satisfaction. It is not only palatable and highly nutritious, but easily assimilated. The proper feeding of a normal infant is child's play in comparison with the discrimination required to prescribe a food for elderly persons whose digestive faculties are practically suspended.—The Monthly Cyclopedia of Practical Medicine.

PASSIFLORA.

In a case of brain-fag, the patient, a man of middle age, suffered from frequent spells of melancholia and depression. He slept well, but would arise tired and with a heavy sensation in his head. His general health was good, but he could not overcome this condition, which caused his imagination to picture all kinds of evil consequences. The physician who had the case in charge, after trying several prescriptions, unseccessfully, put the patient on Daniel's Conct. Tinct. Passiflora Incarnata. He was convinced that the power of this sedative to relax nerve tension would act beneficially on patient. The third day after beginning the use of Passiflora the man awoke refreshed and in the full possession of his mental powers. The brain-fag entirely disappeared, as did also every semblance of melancholia.

TREATMENT OF PRURITUS VULVAE AND PARASITIC AFFECTIONS.

It is essential to first discover the cause of the pruritus which may be due to metritis, vaginismus, urethral polypi, parasites, diabetes, etc. Never call a pruritus idiopathic, that is, of nervous origin, until diabetes or a local cause has been carefully excluded.

Local treatment should consist ordinarily of soothing lotions followed by the application of inert powders, like subnitrate of bismuth, oxide of zinc, etc., either alone or mixed with equal parts of powdered talcum.

Hot water—especially prolonged hot baths—frequently give good result. Where much irritation has resulted from scratching, a little bromid may be added to the local washes. Sublimate (1-250) with alcohol in the solution (10 parts) is certainly the most efficacious agent we have in the treatment of pruritus. The applications are repeated night and morning. If they irritate the parts an application of cold water will assuage the condition. Carbolie acid is good, but applications of cocain give only momentary relief. Bromides and belladonna have been used in the form of ointments. Rebellious cases have some times yielded to electricity (faradism or galvanism).

Idiopathic cases should be treated with bromides, valerianates, anti-pyrine, hydrotherapy, and cold douches. Parasitic cases should be combated with sublimate (1-1000).

Cases with confluent eruptions forming tumors should be attacked surgically. The base of the tumor may be cauterized, or it may be snipped off with scissors. The thermo-cautery (fine point) may be used to destroy the tumor. Piciduli should be attacked with acidulated solutions of sublimate (1-300). Naphthol in olive oil 1-10) may be applied twice daily.—La Rev Medic. du Canada, February 24, 1904.

SURGICAL HINTS.

In any fracture of an extremity, always investigate thoroughly all the adjoining articulations and bones. Complications are very often overlooked by neglect of this rule.

Never introduce peroxide of hydrogen into a cavity in which pressure would be likely to do damage unless the opening leading into it is sufficiently large to allow for an immediate escape of the gas formed.

Swollen glands about the neck in old people are hardly ever tuberculous, and must arouse suspicion of the existence of some malignant process. It is a mistake to think such processes are always painful. At the start they seldom are, and are often discovered accidentally or after they have progressed enough to give rise to pain, bleeding, and hindered function.

In amputations about the fingers it is well to be chary about removing the proximal phalanx if it can be saved. While the final result might possibly be more esthetic, or while the power of flexion might be lost if the phalanx is retained, yet it usually forms a valuable opposing surface for the thumb, particularly so if only a short stump of the latter is left. The thumb itself should always be left as long as the nature of the injury allows.

In extensive contused and lacerated wounds hemorrhage is apt to be small in amount, but the surgeon must always be on the lookout for the period of reaction, during which secondary bleeding is apt to occur. In such wounds it is well to search for and tie any vessel of importance that must have been severed, even if it does not bleed, and to remove the dressings at least partially every twelve hours to see that they are not blood-soaked, while also looking for the physiological signs of hemorrhage.

In gunshot wounds of the skull, when the missile has entered the brain substance, the only absolutely necessary procedure is to disinfect the parts as carefully as possible. The bullet itself is generally less dangerous than efforts blindly made to recover it, and it is certain that in a large number of cases a far larger percentage would recover after a plain antiseptic dressing than after the latter preceded by exploration. Depressed bone is to be removed or uplifted, fragments taken away, but it is seldom that doing more than this is advisable unless the bullet is in plain sight.—*International Journal of Surgery.*

FOREIGN BODY IN LEFT BRONCHUS.

By Drs. W. Pastine and T. Kellock.

The case was a boy of five years who inspired a small glass stopper which lodged in the left bronchus. Nothing but a faint shadow could

be seen with the X-ray, but in a day or two marked signs of difficulty in the left lung became manifest and an irregular temperature indicated sepsis.

The stopper was removed through an infra-thyroid tracheotomy wound, with a loop of bent wire after several unsuccessful attempts to dislodge it with probe and forceps. The tubes were cleansed of a small amount of pus which had collected and the trachea was at once closed by fine silk sutures passed through the intervals between the cartilages, but not entering the lumen. A perfect and uninterrupted recovery followed.—*Lancet*, March 19, 1904.

SIMPLICITY IN DEALING WITH ABSCESSSES OF THE APPENDIX.

Paul Y. Tupper (*American Journal of Surgery and Gynecology*) states that simple abscess around the appendix, the danger from operative treatment amounts to practically nothing if the surgeon merely opens the abscess and secures free drainage. That most operators claim this to be all they do in abscess cases, but when it comes to execution they are tempted to do something else—and in their zeal they compromise if they do not sacrifice, the life of the patient. That removal of the appendix not only is not indicated but the slightest search for it is unwarrantable. That in the large majority of cases where an abscess forms, the appendix has sloughed off and is no longer a menace to the patient's future health. That it is a waste of time and a risk to wash out the abscess. The method that he follows is to open the abscess in the most direct way, the greatest care being taken to avoid the peritoneal cavity. A finger is inserted into the bottom of the cavity and a gauze drain is then inserted with the finger for a guide. The ends of the gauze are left hanging from the wound, and a moist dressing under rubber protection is applied. He states that he has never had to operate the second time for the removal of the appendix or its stump.—*Carolina Journal*.

Higgins, in the *Boston Medical and Surgical Journal*, describes his particular method of closing the abdominal wound and also gives his objections to both the layer suture and mass suture methods in vogue. He first introduces mass sutures of silkworm gut which remain untied. Then the peritoneum is closed by a running suture of fine unchromicized catgut, the fascia by twenty-day chromicized gut and the skin with a subcuticular suture of fine silk-worm gut or horse hair. The mass sutures are then tied over a metal guard, which is separated from the abdominal wound by gauze. This guard, the author's special feature, is a plain piece of thin metal, the object of which is to prevent the mass sutures from cutting through the skin.

Abstracts.

What Would You Do Without Him?

The following poem is inscribed by a graceful patient to Dr. G. W. Kennard, the famous head of the Medico-Theological College of Christ Institution, Ensor Street, Baltimore. The young authoress, who was blind from infancy, is now able to see, though she does not exercise her new found power upon material objects:

Jesus is more to me than all the richest
Fairest gifts on earth could ever be;
But the more I find Him precious,
And the more I find Him true,
The more I long for you to find
What He can do for you.

You need not do without Him,
For He is good and kind;
He died on the cross to save you,
And suffered for all mankind.
The Lord is good and gracious,
He opens the eyes of the blind,
And every wounded spirit
In Christ relief can find.

There is many a thoughtless mother
Alive in this cold world
Who never grasps the idea
Of a poor, sightless girl!
Oh! They think that loss of vision
Has taken out their light;
But to lose the love of mother
Is as bad as loss of sight.

Those who see earth's beauties
Are, of course, ahead of me,
But my spirit eyes the Saviour
Do so very often see!
How could I do without Him?
He is all the world to me;
Yes, He makes me so happy,
And I know I am going to see!

I am over five and twenty,
And at birth I had no sight—
Over twenty-three years in darkness,
Knowing not the day from the night.
Given up by many doctors;
I had many a hearty cry,
Driven most to desperation,
When I heard of old C. I.

I came to that place of healing
Where God's word was preached,
Where were fervent prayers and singing,
Where they heal all flesh's affliction,
And those who are bowed in sorrow—
They will try the same for you.

In C. I., a place of wonder,
A place you can't forget,
On the twelfth of October, ninety-four,
My first footsteps I set.
I was in total darkness,
And would have been so yet
But for treatment, faith and prayers
I did every morning get.

Oh! I thank the blessed Jesus
That with those kind friends I met,
Yes, the doctors and the rubbers,
Just the best I ever met.
Now I'm seeing, I'm so happy!
Jesus gave the gospel plain—
I saw horses, birds and chickens,
But first of all I saw a man.

—Baltimore Medical Journal.

Heart Pulsation Revived After Death.

Dr. W. W. Keen declared at a meeting of the Philadelphia County Medical Society last night that a most remarkable field of surgery had been opened in cardiac massage, whereby life apparently extinct has been restored by renewing the heart's pulsation.

'Life apparently extinct has been renewed, or shall we say the dead themselves have been brought back to life,' said the doctor, "by con-

tinuing the heart's pulsation when it had closed by forcing the physical action through massage."

Dr. Keen made this important assertion when he discussed "a case of abdominal hysterectomy in which massage of the heart for chloroform collapse was employed."

The operation, which the famous surgeons of the world, primarily in Europe, have employed 27 times, has been successful twice. Dr. Keen was himself one of the first to resort to the delicate use of the knife in this country, but was unsuccessful. He reported how, when in operating for total "laryngectomy" the heart ceased to beat, respiration was absent, and collapse from chloroform complete, the diaphragm was cut open and the massage method employed. Death in this instance had been apparent for at least five minutes before the operation was undertaken. When at the end of that time the heart had been exposed and massage applied, the heart resumed its pulsation, and the respiration was restored by artificial means, but death occurred within 30 minutes.

After the incision in the diaphragm, which should be made within five minutes after life is apparently extinct, Dr. Keen described the massage method in brief as follows: "Place one hand on the exterior and with the other apply massage to the lower lobe of the organ. Within five minutes the pulsation of the heart is restored. While cardiac massage is applied, artificial methods of respiration must be applied at the same time.

Dr. Keen mentioned two successful cases and declared when surgery had perfected the exact method of applying the massage one of the greatest advances of surgery would be achieved.—Philadelphia Paper.

Management of Rheumatism in Childhood.

Writing the Medical Record of January 9, 1904, Winters states that for the control of active rheumatic manifestations there are two leading and chief factors—the state of the digestive organs and the diet.

With a coated tongue he gives calomel, followed by rhubarb and soda; the latter to be persisted in as long as the tongue is furred. The dose of the rhubarb is proportionate to its effect on the bowels; soda should be in twenty grain doses three times a day, before nourishment.

Milk should be the sole food as long as evident symptoms remain.

The proteid of milk contains no nuclein, and yields no uric acid. The urine becomes uric-acid-free on milk diet. Milk contains an abundance of phosphate of potash—muscle salt. Citric acid, a valua-

ble antirheumatic, is present in considerable amount.

The first extension of the diet should be the addition of a strained cereal to milk.

Mention of cereal within hearing of the patient is unfortunate and injudicious. The rheumatic child invariably has an abhorrence of cereals. This constitutional loathing of the child's natural food is traceable to faulty feeding. Savory broths, soup, beef juice, excess of meat, etc., create a repugnance to the vitally indispensable cereals and vegetables. Animal broths are totally destitute of food properties. This is ancient, recent, and unalterable physiology. Nevertheless, physicians wittingly and knowingly recommend them for children, where the first requisite of all food is its building or tissue-forming value. There is a vast amount of obscure ill health in children from heedless use of these foodless preparations.

When animal food is to be added to the diet it should be in the form of meat, not broths or beef juice. The contained extractive of broths and beef juice by overstimulating metabolism, aggravates rheumatic tendency.

Cereals must be eaten without sugar.

Sweets and animal broths in children, and alcohol and sweets in adults, are the bane of the rheumatic patient, and constantly discredit the physician by thwarting all treatment.

Vegetables soups—pea, asparagus, celery, potato, bean, tomato—are nutritive and appetizing.

When all active rheumatic manifestations have been dispelled, animal broths or cereal are adjuncts by stimulating appetite. They are not given for any food value, but as appetizers.

Having secured a clean tongue, all phases of rheumatism vanish with milk as the only food for a proper period; then in due succession, strained cereals, vegetable soups, cereal as a vegetable with butter and salt, baked potato, bread, green vegetables, fruit.

Failure in dietetic management in the past is attributable to excessive use of broths and other animal food; sugar and sweet desserts; the use of alcohol; withdrawal of fruits and cereal.

Adrenalin in the Treatment of Surgical Shock.

Martin and Pennington (American Medicine, Nov. 21, 1903) report six cases in which adrenalin chloride was used to combat symptoms of impending death. In two of the cases the effect of the adrenalin was immediate and unmistakable. In both it seemed life-saving, but the clinical evidences presented by the writers as to its effect must be

regarded as inconclusive on all points. It was not employed on a single case in which there was a fair prospect of the preservation of life without its use; hence the unbroken mortality in the six cases cannot be counted against it.

One case of typhoid perforation apparently speaks strongly in its favor, since the authors have never seen a patient so entirely and profoundly collapsed make an operative recovery. This one case, however, must be corroborated by many others before confidence can be placed in the drug.

Laboratory experiments apparently show that adrenalin, by intravenous injection, is the most powerful cardiac and vasomotor stimulant ever presented to the profession. Its value is still further enhanced by the fact that it stimulates the respiratory center and increases general metabolism and body temperature.

The toxic dose for man is not known, but it is probably several hundred times greater than that in which the drug is ordinarily given. Because of the rapidity with which it undergoes alteration in the body it is inert so far as its systemic effect is concerned, when given either by the mouth or by the rectum. Because of the tendency to abscess formation at the seat of injection, incident to the ischemia caused by strong solution, the dilution should be at least 1:10,000 when the drug is given hypodermically. It does not seem probable that any effect can be expected when thus administered from less than 2 cubic centimeters of the 1:1000 solution. Apparently it is safe to give an initial dose of 10 cubic centimeters of the strong solution in 90 cubic centimeters of normal salt.

In cases of urgency, adrenalin chloride should be given intravenously, in a dilution of 1:10,000. The injection should be slow, thus prolonging the effect, and should be pushed up to 100 cubic centimeters of the strong solution, or until the heart clearly and unmistakably responds to its influence.

There is yet no convincing clinical proof to the effect that the drug is as efficacious when used on man as laboratory experiments would indicate. Because of its power of lessening the bacteriolytic power of the blood of animals, its use in cases of infection in the human should be practiced with great caution, until a wider experience has proved its safety or danger in these cases.

Cigarette Smoking.

We have heard a great deal about cigarette smoking in Canada during the last few months. The question has been discussed at both

Parliaments in Ottawa and Toronto. An army of good women paid a special visit to Ottawa in hopes of getting legislation which would prevent the manufacture and sale of cigarettes in Canada. The discussion which was carried on by the members of Parliament was both interesting and entertaining. One prominent legislator, who knows a good deal both about eating and smoking, informed the good women that indigestion was quite as frequently caused by bad cooking as by good smoking.

It is always unfortunate that would-be reformers assume an attitude which is so extreme as to be simply absurd. We are quite in sympathy with those who believe that cigarette smoking is in practically all cases injurious to children, and sometimes injurious to adults. We will always support everything in the way of legislation which will minimize such evils. Cigarettes should certainly not be sold to young boys. While strongly supporting certain restrictions and limitations, we desire to point out certain rather important mistakes in the arguments used by some radical reformers. The chief mistake is the assertion that cigarette smoking is the worst form of tobacco smoking; on the contrary, cigarette smoking is certainly the least injurious method of using tobacco, even inhaling does not fill the lungs with smoke as some assert. As pointed out by the New York Medical Journal, only the larynx and upper part of the trachea could be touched in this way. The same journal goes on to say that the most powerful effects of tobacco are to be obtained from the chewing habit, next in order comes the use of the cigar, which includes to some extent both smoking and chewing, non-absorbent porcelain pipe, the briar, the clay "cutty," and the porous meerschaum, continuing the descending scale, which ends with the much maligned yet comparatively harmless cigarette. Under such circumstances it would be absurd to enact a law forbidding the sale of cigarettes and allowing the sale of every other form of tobacco.—Canadian Practitioner and Review.

Dissection has no place in the Chinese study of anatomy. The Chinese look upon the skull and the pelvis each as one bone. They think that the small intestine communicates with the cavity of the heart, while the colon terminates in the lungs; that the liver is the habitat of the soul; that the gall bladder is the receptacle of courage; that in its ultimate structure the body is composed of fire, water, earth, wood and metal.

There is no real creating without genuine earnestness, concentration and hard work.



SAUNDERS' AMERICAN YEAR-BOOK FOR 1904.

THE AMERICAN YEAR-BOOK OF MEDICINE AND SURGERY FOR 1904. A Yearly Digest of Scientific Progress and Authoritative Opinion in all branches of Medicine and Surgery, drawn from journals, monographs, and text-books of the leading American and foreign authors and investigators. Arranged, with critical editorial comments, by eminent American specialists, under the editorial charge of George M. Gould, A. M., M. D. In two volumes. Volume 1, including General Medicine. Octavo, 673 pages, fully illustrated; Volume 2, General Surgery. Octavo, 680 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Co., 1904. Per volume: Cloth, \$3.00 net; Half Morocco \$3.75 net.

The American Year-Book of Medicine and Surgery continues to maintain its high place among works of its class. Indeed, the issue of 1904, now before us, if anything, is even better than the excellent issues of previous years. Such a distinguished corps of collaborators which the editor, Dr. George M. Gould, has enlisted as his assistants is sufficient guarantee that the essential points of progress are brought out, and the collaborators' notes and commentations are excellent. In illustrative feature the 1904 issue fully maintains its reputation, there being fourteen full-page insert plates, beside a number of excellent text-cuts. We pronounce the Saunderson's Year-Book for 1904 the best work of its kind on the market, as it has always been.

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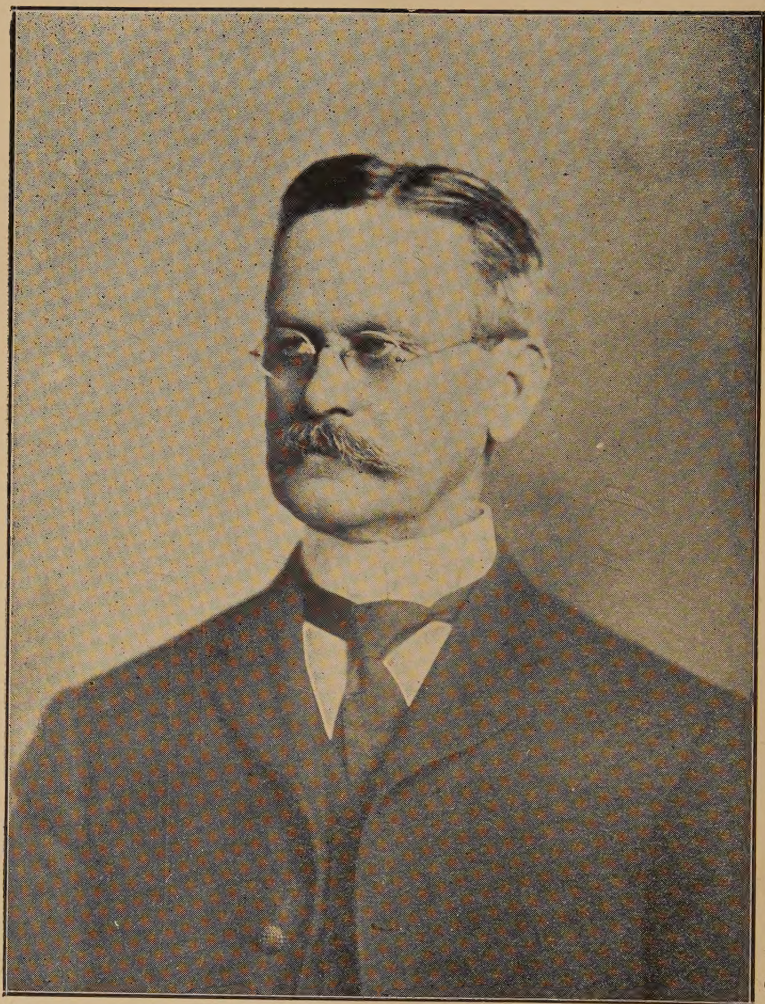
THE POISONOUS CONSTITUENT OF TOBACCO SMOKE.

The gaseous products of the incomplete combustion of tobacco, whether it be smoked in the pipe, cigarette, or the cigar, are so complex that the question, to which constituent are the toxic effects of tobacco smoking due? remains unanswered. Of course, it is well known that nicotine is a powerfully poisonous constituent of tobacco leaf, but it is not certain that the alkaloid reaches the system by way of the smoke in sufficient quantities to act seriously as a poison. To

begin with, the amount of nicotine in tobacco is very small, and there is reason for believing that the quantity given in previous analyses has been considerably over-represented; moreover, though a volatile poison, nicotine does not occur in the free state in tobacco, but as an organic salt, which is not volatile, and which probably breaks up readily on combustion. It is doubtful whether a seventh part of the total nicotine in the tobacco reaches the mouth of the smoker, and some investigators deny that any nicotine occurs in tobacco smoke at all. But assuming that nicotine is the toxic constituent of smoke, the quantity must be quite minute, since in most mild tobaccos the proportion is rarely over one per cent. On the other hand, the incomplete combustion of tobacco gives rise to the formation of aromatic compounds, oils, bases, amines, and gases, some of which are undoubtedly poisons, and these are obviously produced in a far larger amount compared with the quantity of nicotine in tobacco.

In this connection too little attention seems to have been paid to the relatively large quantity of the poisonous gas—carbon monoxide—in tobacco smoke. When the insidious nature of this gas is considered its absorption in the system, which must be very rapid when inhalation is practiced, would sufficiently explain the train of poisonous symptoms which excessive smoking is apt to set up. In some particulars the physiological action of nicotine and carbon monoxide is similar. The dizziness and stupor, the trembling of the limbs and the hands, the disturbances of the nerve centers and of the circulation, palpitation on a slight effort, and the feeble pulse may be the indications of either carbon monoxide or nicotine poisoning. But since one ounce of tobacco gives no less than one-fifth of a pint pure carbon monoxide gas when smoked in the form of cigarettes—and probably as much more in the form of cigars or in pipes—it is not improbable that to a very large extent these symptoms are due to the carbon monoxide.

We have recently tried the following instructive experiment which bears upon this point: Two or three mouthfuls of tobacco smoke from a cigarette were shaken up with a few drops of blood diluted with water in a bottle. Almost immediately the blood assumed the pink color characteristic of blood containing the gas, and further observations with the spectroscope confirmed the presence in the blood of carbon monoxide. Similarly a few mouthfuls of smoke from a pipe and a cigar were tried, and the results were even more marked. In this experiment we have some explanation in particular of the evil effects of cigarette smoking, for it is chiefly cigarette smoke that is inhaled—an indulgence by which the poisonous carbon monoxide is introduced directly into the blood. This effect of tobacco smoke upon the blood appears to be of considerable significance.—*Lancet* Jan. 2, 1904.



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Medical Association of the State of Alabama.